

FOOOOOOOO 3804⁴

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Housecall Medical Resources, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Edna Quinones

(Name of Person)

Adventist Health System

(Firm/Company)

111 North Orlando Avenue

(Address)

Winter Park, FL 32789

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Edna Quinones

(Name of Person)

at (407) 975-1493

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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*****78.75 *****78.75

RECEIVED
TALLAHASSEE, FL
JUN 30 1999
FBI-FL

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Housecall Medical Resources, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. 58-2114917
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 6, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1600 Tamiami, Trail, Suite 400
Port Charlotte, FL 33938
(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: T. L. Trimble

Office Address: 111 North Orlando Avenue
Winter Park, Florida, 32789
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Robert Henderschedt

Address: 111 North Orlando Avenue

Winter Park, FL 32789

Vice Chairman: Thomas L. Werner

Address: 111 North Orlando Avenue

Winter Park, FL 32789

Director: LaDonna Blom-Antonio

Terry Shaw

Address: 1600 Tamiami Trail, 4th Floor,

111 North Orlando Avenue

Pt. Charlotte, FL 33948

Winter Park, FL 32789

Director: Gregg Davis

Brent Snyder

Address: 6501 Deane Hill Drive

510 Hospital Drive, Suite 390

Knoxville, TN 37919

Madison, TN 37115

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: LaDonna Blom-Antonio

Address: 1600 Tamiami Trail, 4th Floor

Pt. Charlotte, FL 33948

Vice President: Gregg Davis

Address: 6501 Deane Hill Drive

Knoxville, TN 37919

Assistant
Secretary:

T. L. Trimble

Address: 111 North Orlando Avenue

Winter Park, FL 32789

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. T. L. Trimble

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. T. L. Trimble, Assistant Secretary

(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOUSECALL MEDICAL RESOURCES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2000.

FILED
00 JUN 30 11 58 AM
VALLEY SPRING, DELAWARE

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Edward J. Freel

Edward J. Freel, Secretary of State

0515183

AUTHENTICATION:

06-22-00

DATE: