

F00000004931

Janine Lazzarini

Requester's Name

106 E. College Ave, Ste. 700

Address

Tallahassee, FL 32301

City/State/Zip

Phone #

(850) 577-0090

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-09/01/00--01001--007

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

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ~~Meridian Healthcare Group, Inc.~~ Meridian Healthcare Group, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. 800AWU46657
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☒ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

CR2E031(7/97)

RECEIVED

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 31 PM 3:50

00 AUG 31 PM 3:23

**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. Meridian Health Care Group, 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

(State or country under the law of which it is incorporated)

3. 59-3640549

(FEI number, if applicable)

4. January 11, 2000

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 106 E. College Avenue, Suite 700, Tallahassee, Florida 32301

(Principal office address)

same as above

(Current mailing address)

8. Respiratory therapy

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

Connie Bryan

(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Tom R. Futch

Address: 106 East College Avenue, Suite 700
Tallahassee, Florida 32301

Vice Chairman: _____

Address: _____

Director: Robert C. Bruner

Address: 106 East College Avenue, Suite 700
Tallahassee, Florida 32301

Director: Virginia A. Futch

Address: 106 East College Avenue, Suite 700
Tallahassee, Florida 32301

00 AUG 31 PM 3:50
SECRETARY OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Tom R. Futch

Address: same as above

Vice President: Robert C. Bruner & Virginia A. Futch

Address: same as above

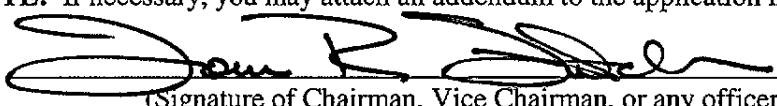
Secretary: Robert C. Bruner

Address: same as above

Treasurer: Virginia A. Futch

Address: same as above

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Tom R. Futch-Chairman/Board, Pres. & CEO
(Typed or printed name and capacity of person signing application)

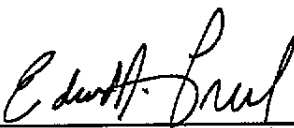
State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MERIDIAN HEALTH CARE GROUP, 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-NINTH DAY
OF AUGUST, A.D. 2000.

DEPT. OF STATE
DIVISION OF CORPORATIONS
00 AUG 31 PM 3:50




Edward J. Freel, Secretary of State

AUTHENTICATION: 0645316

3158738 8300

001428344

DATE: 08-29-00