

FD 000000 2035

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angel Care, 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:

Daniel H. Cox, Esquire

Young, van Assenderp, Varnadoe & Anderson, P.A.

P.O. Box 7907

Naples, Florida 34101-7907

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03/25/01 01058 012
*****87.50 *****87.50

W01-6995

For further information concerning this matter, please call:

Daniel H. Cox, Esquire
(Name of Person)

at

(941)597-2814

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 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

FILED
01 APR 17 11 05
TALLAHASSEE, FLORIDA

4/17



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 28, 2001

DANIEL H COX
PO BOX 7907
NAPLES, FL 34101-7907

SUBJECT: ANGEL CARE, INC.
Ref. Number: W01000006995

We have received your document for ANGEL CARE, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 801A00018625

FILED
01 APR 17 PM 3:05
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned David C. Corcoran, do hereby certify
(Name)

that this Resolution of the Board of Directors of Angel Care, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Delaware

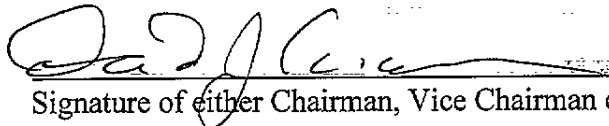
was duly adopted on April 11, 2001

Be it resolved, that Angel Care, Inc.
(Corporate Name)

organized and existing in the State of Delaware, hereby adopts the name

Angel Care America, Inc. for use in Florida.

Dated: April 11, 2001


Signature of either Chairman, Vice Chairman of any officer

David C. Corcoran, Vice President

Type or print name

FILED
01 APR 17 PM 8:05
TALLAHASSEE, FLORIDA

May checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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

1. Angel Care, 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. Applied for
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 28, 2001 5. Perpetual
(Date of Incorporation) (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. 4400 Deerwood, Bonita Springs, Florida 34134
(Principal office address)

4400 Deerwood, Bonita Springs, Florida 34134
(Principal office address)

8. Medical Services
(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, Florida 33324

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)
VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

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.

FILED
01 APR 17 PM 3:05
STATE OF FLORIDA
ALBANY, FLORIDA

•12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Patrick S. Smith

Address: 4400 Deerwood

Bonita Springs, Florida 34134

Director: David Corcoran

Address: 4400 Deerwood

Bonita Springs, Florida 34134

Director: Richard L. Bowen

Address: 2500 North Tamiami Trail, Suite 116

Naples, Florida 34103

B. OFFICERS

President/Treasurer: Patrick S. Smith

Address: 4400 Deerwood

Bonita Springs, Florida 34134

Vice President/Medical Director: Richard L. Bowen

Address: 2500 North Tamiami Trail, Suite 116

Naples, Florida 34103

Vice President/General Counsel/Secretary: David Corcoran

Address: 4400 Deerwood

Bonita Springs, Florida 34134

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. David Corcoran, Vice President

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

FILED
01 APR 17 PM 3:06
TAMPA, FLORIDA

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANGEL CARE, 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-EIGHTH DAY OF FEBRUARY, A.D. 2001.

FILED
01 APR 17 PM 8:05
SECRETARY OF STATE
DELAWARE



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3361819 8300

AUTHENTICATION: 0997007

010097482

DATE: 02-28-01