

F01000006111

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLCARE NURSES OF FLORIDA, INC

(Name of corporation - must include suffix)

700004692677--3
-11/26/01--01035--003
*****70.00 *****70.00

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:

JEANNE PIZZA

(Name of Person)

ALLCARE NURSES OF FLORIDA, INC

(Firm/Company)

853 KELLOGG ROAD

(Address)

LUTHERVILLE, MD 21093-4818

(City/State and Zip code)

For further information concerning this matter, please call:

JEANNE PIZZA

(Name of Person)

at (410) 337-7788

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

11/28

**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. ALLCARE NURSES OF FLORIDA, 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. MARYLAND

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

3. 52-2200741

(FEI number, if applicable)

4. 11-5-01

(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. 853 KELLOGG ROAD; LUTHERVILLE, MD 21093

(Principal office address)

- SAME -

(Current mailing address)

8. R.N. SUPPLEMENTAL HOSPITAL STAFFING

(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: ROBERT W. STANGE

Office Address: 9609 GREENPOINTE DRIVE

TAMPA

(City)

, Florida 33626

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JEANNE M. PIZZA, RN

Address: 853 KELLOGG ROAD
LUTHERVILLE, MD 21093

Vice Chairman: _____

Address: _____

Director: DOUGLAS WARFEL, JD, MPT

Address: 1502 MEADOW COURT
BEL AIR, MD 21014

Director: _____

Address: _____

B. OFFICERS

President: JEANNE M. PIZZA, RN

Address: 853 KELLOGG ROAD
LUTHERVILLE, MD 21093

Vice President: _____

Address: _____

Secretary: JEANNE M. PIZZA

Address: 853 KELLOGG RD, LUTHERVILLE, MD 21093

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. _____

Jeanne M. Pizza RN - President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

JEANNE M. PIZZA, RN - PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ALLCARE NURSES OF FLORIDA, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND IN BALTIMORE ON THIS NOVEMBER 05, 2001.

Paul B. Anderson

Paul B. Anderson
Charter Division

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

