

TO: Re

Registration Section

Division of Corporations

SUBJECT:

CAMELOT HEALTHCARE, 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:

RUSSELL KAHN		
(Name of Person)		
CAMELOT HEALTHCARE, LLC W62-7451		
(Firm/Company) 201 EAST LOUISIANA AVENUE		-
RAYNE, LA 70578 (Address)	DZ APR	PASIONE !
(City/State and Zip code)	-9 PM	OF CORF
For further information concerning this matter, please call:	M 3: 56	SFALENS
TRINA ARCENEAUX at (337) 334-8211 (Name of Person) (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

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





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 19, 2002

RUSSELL KAHN CAMELOT HEALTHCARE, LLC 201 EAST LOUISIANA AVENUE RAYNE, LA 70578

SUBJECT: CAMELOT HEALTHCARE, INC.

Ref. Number: W02000007651

We have received your document for CAMELOT HEALTHCARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The document must have original signatures.

The registered agent's signature must be an original, ink signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 802A00016482

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, ISB3 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

JANUARY, 2002 Date first transacted business in Florida. If corporation has not transacted for the second (SEE SECTIONS 607.1501, 607.15	.502 and 817.155, F.S.) LA 70578
(Date of incorporation) JANUARY, 2002 Date first transacted business in Florida. If corporation has not transacted first transacted business in Florida. If corporation has not transacted first transacted business in Florida. If corporation has not transacted first transacted business in Florida. If corporation has not transacted first seasons. If corporation has not transacted for transacted business in Florida. If corporation has not transacted for transacted business in Florida. If corporation has not transacted for transacted business in Florida. If corporation has not transacted business in Florida. If	ation: Year corp. will cease to exist or "perpetual") cted business in Florida, insert "upon qualification.") 502 and \$17.155, F.S.) LA 70578
JANUARY, 2002 Date first transacted business in Florida. If corporation has not transacted first transacted business in Florida. If corporation has not transacted first transacted business in Florida. If corporation has not transacted first seem (SEE SECTIONS 607.1501, 607.15	ation: Year corp. will cease to exist or "perpetual") cted business in Florida, insert "upon qualification.") 502 and \$17.155, F.S.) LA 70578
Date first transacted business in Florida. If corporation has not transacted (SEE SECTIONS 607.1501, 607.1 201 EAST LOUISIANA AVENUE, RAYNE, I (Principal office address) same as principal office (Current mailing, address)	.502 and 817.155, F.S.) LA 70578
201 EAST LOUISIANA AVENUE, RAYNE, I (Principal office address) same as principal office (Curent mailing, address)	.502 and 817.155, F.S.) LA 70578
201 EAST LOUISIANA AVENUE, RAYNE, I (Principal office address) same as principal office (Cureat mailing, address)	LA 70578
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(Current mailing, address)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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UPAT DUCADO MANACOMBINA DE COMBINA DE COMBIN	
HEALTHCARE MANAGEMENT	•
(Purpose(s) of corporation authorized in home state or country to	o be carried out in state of Flörida)
Name and street address of Florida registered agents (P.O.)	Box or Mail Drap Box NOT acceptable)
Name: ANDREA CSEH	
The second of th	Programme and the second secon
ice Address: MEMORIAL HOSPITAL OF TAMPA	
2901 SWANN AVE, TAMPA	Florida 33609
(City)	(Zip code)
	i di
Registered agent's acceptance:	
ing been named as registered agent and to accept service of p	process for the above stated corporation at the p
gnoted in this application, I hereby accept the appointment as her agree to comply with the provisions of all statutes relative	s registered agent and agree to act in this capai to the proper and complete performance of m
es, and I am familiar with and accept the obligations of my po	
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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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
	<u> </u>
Director:	<u> </u>
Address:	
B. OFFICERS	DIVISIO 02 A
DODEDE D. HTGEG	그 무슨
President: ROBERT R. HICKS Address: 201 EAST LOUISIANA AVENUE	
RAYNE, LA 70578	COMPORATIONS OF PM 3: 56
	3: 5: 5: 5: 5: 5: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6:
Vice President:	<u> </u>
Address:	
MARK DAWSON	
Secretary: MARK DAWSON Address: 717 CURTIS DRIVE, RAYNE, LA 70578	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13	e e e
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 o	of the application)
14. ROBERT R. HICKS	
(Typed or printed name and capacity of person signing application)	



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that CAMELOT HEALTHCARE, INC.

A LOUISIANA corporation domiciled at RAYNE.

Filed charter and qualified to do business in this State on October 18, 1995,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 18, 2001

BRI 34508651D Secretary of State

