

CORPORATE
ACCESS,
INC.

F02000002862

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

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6/7/02



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JUN - 7 AM 10:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CERTIFIED COPY

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For
Prof

1.) CareGivers of Florida, Inc
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) (6) **BK**
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

RECEIVED
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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

SPECIAL INSTRUCTIONS

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RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Alan L. Soderquist, the President and a member of the Board of Directors of CareGivers of Florida, Inc., do hereby certify that this Resolution of the Board of Directors of CareGivers of Florida, Inc., a corporation duly organized and existing under the laws of the State of Tennessee, was duly adopted on June 6, 2002.

RESOLVED, that CareGivers of Florida, Inc. organized and existing in the State of Tennessee, hereby adopts the name "CareGivers of Florida (Pinellas County), Inc." for use in Florida.

Dated: June 6, 2002



Alan L. Soderquist, President and a member of the
Board of Directors of CareGivers of Florida, Inc.

02 JUN 10 11:00
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. CareGivers 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. Tennessee 3. 03-0442371
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 15, 2002 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. 341 Cool Springs Boulevard, Suite 120, Franklin, Tennessee 37067
(Principal office address)
- 341 Cool Springs Boulevard, Suite 120, Franklin, Tennessee 37067
(Current mailing address)

8. own and operate nurse registry business
(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida 32301
(City) (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.

NRAI Services, Inc.

By: _____

(see attached)
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Alan L. Soderquist

Address: 341 Cool Springs Boulevard, Suite 120

Franklin, Tennessee 37067

Director: Terry R. Collins

Address: 341 Cool Springs Boulevard, Suite 120

Franklin, Tennessee 37067

B. OFFICERS

President: Alan L. Soderquist

Address: 341 Cool Springs Boulevard, Suite 120

Franklin, Tennessee 37067

Vice President: Terry R. Collins

Address: 341 Cool Springs Boulevard, Suite 120

Franklin, Tennessee 37067

Secretary: Terry L. Collins

Address: 341 Cool Springs Boulevard, Suite 120, Franklin, Tennessee 37067

Treasurer: _____

Address: _____

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. Alan L. Soderquist, President

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

02 JUN -7 AM 10:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

NRAI Services, Inc. having been named as registered agent and to accept service of process for the aforementioned corporation at the place designated in this application, hereby accepts the appointment as registered agent and agrees to act in this capacity. NRAI Services, Inc. further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and NRAI Services, Inc. is familiar with and accepts the obligations of its position as registered agent.

FILED
JUL 22 10
AM 10:10
TALLAHASSEE
FLORIDA

Dated:

NRAI Services, Inc.

Charles A. Coyle
Charles A. Coyle - Assistant Secretary

Florida

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/21/2002
REQUEST NUMBER: 02136527A
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/15/2002
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0426925
JURISDICTION: TENNESSEE

TO:
HARWELL HOWARD
315 DEADERICK ST
SUITE 1800
NASHVILLE, TN 37238

REQUESTED BY:
HARWELL HOWARD
315 DEADERICK ST
SUITE 1800
NASHVILLE, TN 37238

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"CAREGIVERS OF FLORIDA, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
02 JUN -7 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/16/02

FROM:
HARWELL HOWARD HYNE GABBERT & MANNER
315 DEADERICK STREET
1800 1ST AMER CENTER
NASHVILLE, TN 37238-1800

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003089263
ACCOUNT NUMBER: 00000511

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

