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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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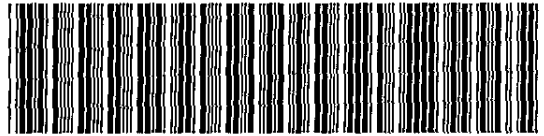
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature

04/17/03--01051--019 **70.00

04/17/03--01051--020 **8.75

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03 APR 17 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 APR 17 AM 11:15
DIVISION OF CORPORATION

CT CORPORATION

April 17, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
03 APR 17 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5833048 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

LIBERTY HEALTHCARE GROUP, INC. (DE)
Qualification
Florida

LIBERTY HEALTHCARE GROUP, INC. (DE)
Certificate of Status/Authorization-Foreign
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel, 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Brigham Weir
Fulfillment Specialist
Brigham_Weir@cch-lis.com

FILED
03 APR 17 PM 1:23
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel, 850 222 1092
Fax 850 222 7675

A CCH LEGAL INFORMATION SERVICES COMPANY

**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.

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STATE
SECRET, FLORIDA

1. Liberty Healthcare 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 3. 86-1056555
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 25, 2003 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. 10045 S. Federal Highway, Port St. Lucie, FL 34952
(Principal office address)

(Current mailing address)

- To engage in any lawful act or activity for which corporations may be
8. organized under the General Corporation of Delaware.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road,

Plantation, FL 33324
(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.

C T Corporation System

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

By: 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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: John K.P. Stone III

Address: 10045 S. Federal Highway, Port St. Lucie, FL 34952

Director: _____

Address: _____

B. OFFICERS

President: Warren K. Trowbridge

Address: 10045 S. Federal Highway, Port St. Lucie, FL 34952

Sr. Vice President/Chief Financial Officer/Treasurer: Jonathan Starr

Address: 10045 S. Federal Highway, Port St. Lucie, FL 34952

Secretary: Devin J. Anderson

Address: 10045 S. Federal Highway, Port St. Lucie, FL 34952

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. _____

Devin J. Anderson Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA
STATE

Delaware

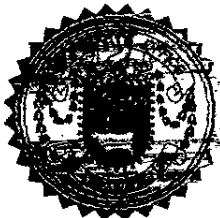
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIBERTY HEALTHCARE 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 SIXTEENTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
03 APR 17 PM 1:23
STATE OF DELAWARE
TALLAHASSEE, FLORIDA



3634942 8300

030251525

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2370397

DATE: 04-16-03