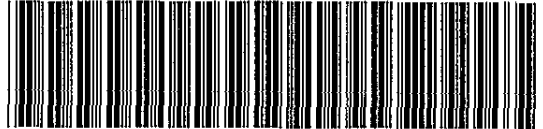


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MISSISSIPPI STATE  
AT LAFAYETTE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TO: Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Nightingale Home Support & 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:

Stella Nsong, RN  
(Name of Person)

Nightingale Home Support & Care Inc.  
(Firm/Company)

7378 Center St.  
(Address)

Mentor OH 44060  
(City/State and Zip code)

For further information concerning this matter, please call:

Nancy A. Dennis at (440) 994-9903  
(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

**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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1. Nightingale Home Support + 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. Ohio 3. 34-1934555  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-7-2000 5. \_\_\_\_\_  
(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. not known as of yet but will be in Brevard County  
(Principal office address)  
7378 Center St. Mentor OH 44060  
(Current mailing address)

8. in home health care, private duty, personal care home,  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) work

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Stella Nsong, RN  
Office Address: 6767 6300 North Wickham Road # 4490  
Melbourne Florida, Florida 32940  
(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.*

Stella Nsong  
(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: John Nsong FILED  
Address: 5 Charleston Square 03 NOV 17 AM 11:53  
Euclid Ohio 44143 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Stella Nsong  
Address: 67676300 North Wickham Road #4490  
Melbourne Florida 32940

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: John Nsong  
Address: 5 Charleston Square  
Euclid Ohio 44143

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stella Nsong Director of Service Development  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

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03 NOV 17 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show NIGHTINGALE HOME SUPPORT AND CARE INCORPORATED, an Ohio Corporation, Charter No. 1175588, having its principal location in Lyndhurst, County of Cuyahoga, was incorporated on August 17, 2000, and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 20th day of October, A.D. 2003.*

*J. Kenneth Blackwell*  
Ohio Secretary of State