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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

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04 JUL 16 AM 7:17
DIVISION OF CORPORATIONS

FOREIGN PROFIT QUALIFICATION

Life Care Hospice, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	$78.75

FILED
04 JUL 16 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Life Care Hospice, Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

3. 26-008712
(FEI number, if applicable)

4. 4/26/04
(Date of Incorporation)

5. Perpetual
(Duration: Year corp will cease to exist or "perpetual")

6. April 26, 2004
(Date corporation first conducted Affairs in Florida - *See sections 617.1501, 617.1502, and 617.155, F.S.*)

7. 3570 Keith Street, NW, Cleveland, TN 37312
(Principal office address)

3570 Keith Street, NW, Cleveland, TN 37312
(Current mailing address)

8. Own, operate and/or manage healthcare facilities including, but not limited to, Hospice Clinics and any other lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in the 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: c/o C T Corporation System
1200 South Pine Island Road

Plantation, Florida 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
By: Mary R. Adams
(Registered agent's signature)
MARY R. ADAMS
ASSISTANT SECRETARY

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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Forrest L. Preston

Address: 3570 Keith Street, NW
Cleveland, TN 37312

Vice Chairman: Tony Oglesby

Address: 3570 Keith Street, NW
Cleveland, TN 37312

Director:

Address:

Director:

Address:

B. OFFICERS

President: Tony Oglesby

Address: 3570 Keith Street, NW
Cleveland, TN 37312

Vice President: Forrest L. Preston

Address: 3570 Keith Street, NW
Cleveland, TN 37312

Secretary: Cindy B. Cross

Address: 3570 Keith Street, NW - Cleveland, TN 37312

Treasurer: Richard Swanker

Address: 3570 Keith Street, NW - Cleveland, TN 37312

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TALLAHASSEE, FLORIDA

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

13. Joan E. Thurmond
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joan E. Thurmond, Assistant Secretary
(Typed or printed name and capacity of person signing application)

EXHIBIT "A"

Life Care Hospice, Inc.
3570 Keith Street, NW
Cleveland, TN 37312

Board of Directors

Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Tony Oglesby	3570 Keith Street, NW	Cleveland, TN 37312

Officers

President	Tony Oglesby	3570 Keith Street, NW	Cleveland, TN 37312
Vice President	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Secretary	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
Treasurer	Richard Swanker	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312

Shareholders

Forrest L. Preston	100% sole shareholder

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TALLAHASSEE, FLORIDA

JUL-16-2004 16:39 CT CORPORATION

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

ISSUANCE DATE: 07/16/2004
REQUEST NUMBER: 04158111
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 04/26/2004
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0468357
JURISDICTION: TENNESSEE

TO:
CFS
5161 HIGHWAY 100
#172
NASHVILLE, TN 37221

REQUESTED BY:
CFS
5161 HIGHWAY 100
#172
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

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

"LIFE CARE HOSPICE, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/16/04

	FEES	
RECEIVED:	$500.00	$0.00
TOTAL PAYMENT RECEIVED:		$500.00

RECEIPT NUMBER: 00003554803
ACCOUNT NUMBER: 00101230

FROM:
CFS
5161 HIGHWAY 100
#172
NASHVILLE, TN 37221-0000

Riley C Darnell

RILEY C. DARNELL,
SECRETARY OF STATE

SS-4435