

F05000001175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

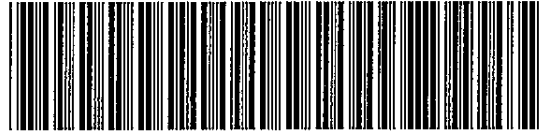
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. BRYAN FEB 24 2005

J. BRYAN FEB 24 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 210863 4728359
AUTHORIZATION : *Patricia Pizant*
COST LIMIT : \$ 78.75

ORDER DATE : February 17, 2005
ORDER TIME : 10:40 AM
ORDER NO. : 210863-005
CUSTOMER NO: 4728359
CUSTOMER: Ms. Jennifer D. Riddle
Bush Ross Gardner Warren &
P.O. Box 3913
Tampa, FL 33602

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DUNN & CORP
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: AVALON HEALTHCARE HOLDINGS
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT#

EXAMINER: _____

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON HEALTHCARE HOLDINGS, 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:

Joseph A. Probasco

(Name of Person)

Bush Ross Gardner Warren & Rudy, P.A.

(Firm/Company)

P. O. Box 3913

(Address)

Tampa, Florida 33601-3913

(City/State and Zip code)

For further information concerning this matter, please call:

Joseph A. Probasco

(Name of Person)

at (813) 224-9255

(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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

February 22, 2005

VIA FACSIMILE & U. S. MAIL

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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TALLAHASSEE, FLORIDA

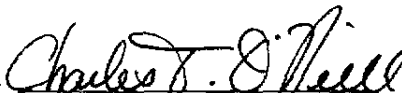
RE: AVALON HEALTHCARE HOLDINGS, INC.
Document No.: P03000005670

To Whom It May Concern:

The company "Avalon Healthcare Holdings, Inc.," as referenced above, was administratively dissolved as of October 1, 2004. The company will not be filing for reinstatement and the name is hereby released.

Sincerely,

AVALON HEALTHCARE HOLDINGS, INC.,
a Florida corporation

By: 
Charles T. O'Neill, Director

**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. AVALON HEALTHCARE HOLDINGS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 202214950
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 8, 2004 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. February 22, 2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13719 Chestersall Drive, Tampa, FL 33624
(Principal office address)
- 13719 Chestersall Drive, Tampa, FL 33624
(Current mailing address)

8. Apply for a Certificate of Authority to be issued by the Dept. of Fin. Serv., Office of Ins. Reg, to
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) organize a health ins. company.


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

Name: Joseph A. Probasco

Office Address: 220 South Franklin Street
Tampa, Florida 33602
(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.


(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: Charles T. O'Neill

Address: 13719 Chestersall Drive
Tampa, FL 33624

Director: Andrew B. Cassidy

Address: 13719 Chestersall Drive
Tampa, FL 33624

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B. OFFICERS

President: Charles T. O'Neill

Address: 13719 Chestersall Drive
Tampa, FL 33624

Vice President: Andrew B. Cassidy

Address: 13719 Chestersall Drive
Tampa, FL 33624

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Charles T. O'Neill
(Signature of Director or Officer listed in number 12 of the application)

14. Charles T. O'Neill
(Typed or printed name and capacity of person signing application)

Delaware

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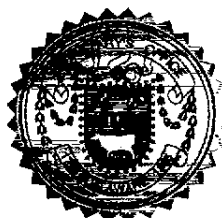
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVALON HEALTHCARE HOLDINGS, 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVALON HEALTHCARE HOLDINGS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF OCTOBER, A.D. 2004.

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



3865690 8300

050140254

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3695397

DATE: 02-21-05