

F05000002174

Florida Department of State
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RESUBMIT
Please give original submission date as file date.

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

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

FOREIGN PROFIT QUALIFICATION

FAMILY HOME HEALTH SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	45
Estimated Charge	\$70.00

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05 APR -7 AM 8:14
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TALLAHASSEE, FLORIDA
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05 APR -7 AM 11:22

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2/20/2006 0:12

PAGE 001/001

Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda H. Hood
Secretary of State

March 30, 2005

CORPORATION SERVICE COMPANY

SUBJECT: FAMILY HOME HEALTH SERVICES INC.
REF: W05000016037**RESUBMIT**
Please give original
submission date as file date

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document SpecialistFAX Aud. #: H05000076911
Letter Number: 905A00021427STATE
TALLAHASSEE, FLORIDA

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H05000076911-3

**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. FAMILY HOME HEALTH SERVICES INC.

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

FAMILY HOME HEALTH CENTERS, INC.

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

2. Nevada

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

3.

(FBI number, if applicable)

4. November 17, 2000

(Date of incorporation)

5.

Perpetual

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

6. n/a

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

7. 801 West Ann Arbor Trail, Suite 200, Plymouth, Michigan 48170

(Principal office address)

same as above

(Current mailing address)

8. To provide home healthcare services.

(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 NOT acceptable)

Name: **Corporation Service Company**

Office Address: **1201 Maya Street**

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

By: 

(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:

H05000076911-3

MAR. 29. 2005 3:37PM
Sent by: BU1ZEL@LNU

CORPORATION SERVICE COMPANY

03/29/05 2:04PM NO. 0702

P. 4
PAGE 04

03/29/2005 11:21

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FAMILY HOME HEALTH

H05000076911 3

A. DIRECTORSChairman: Kevin RuarkAddress: 11373 Willow Wood Lane
Plymouth, Michigan 48170

Vice Chairman: _____

Address: _____

Director: James PilkingtonAddress: 1400 Colonial Blvd., #43
Fort Myers, Florida 33907

Director: _____

Address: _____

B. OFFICERSPresident: Kevin RuarkAddress: 11373 Willow Wood Lane
Plymouth, Michigan 48170Vice President: James PilkingtonAddress: 1400 Colonial Blvd., #43
Fort Myers, Florida 33907

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 13 of the application)

14. _____

Kevin Ruark, Chairman

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

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TALLAHASSEE, FLORIDA

H05000076911 3

MAR. 29. 2005 3:37PM
Sent by: BULZEL, LARRY

CORPORATION SERVICE COMPANY

03/29/05 2:04PM NO. 0702 P. 5

H05000076911 3

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation sales, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **FAMILY HOME HEALTH SERVICES INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 17, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 21, 2005.



A handwritten signature in cursive script, reading "Dean Heller".

DEAN HELLER
Secretary of State

By

A handwritten signature in cursive script, reading "Chal".

Certification Clerk

H05000076911 3