

F05000002354

2005 APR 18 P 1:13

SECRETARY OF STATE  
--TALLAHASSEE, FLORIDA--

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

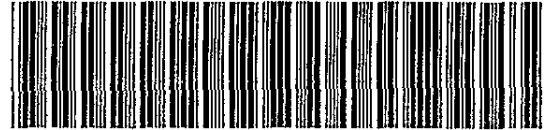
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W05-6324

AL

Office Use Only



400045413364

01/28/05--01039--023 \*\*70.00

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**FILED**  
2005 JAN 18 P 1:13  
JANUARY 24, 2005  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Registrations for foreign corporation

To Whom It May Concern:

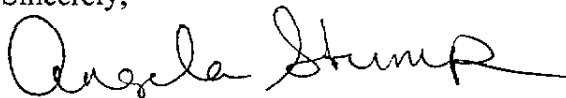
Enclosed please find the Application by Foreign Corporation for Authorization to Transact Business in Florida, along with a copy of the Certificate of Incorporation and check # 17239 in the amount of \$70.00 for the filing fees.

Also enclosed in this package is an Application for Registration of Fictitious Name along with check # 17240 in the amount of \$50.00 for the filing fees. Since we are not currently registered with the State of Florida, and would like to assume a fictitious name, we ask that upon completion of the initial registration of Patient Care Services Group Inc., that the "Florida Registration Number" be added to the applicable section of the Fictitious Name Application and submitted for registration with that department.

Please contact the undersigned if further information is required.

Thank you for your time and assistance in this matter.

Sincerely,



Angela Stump  
For Lawrence E. White  
625 Waltham Avenue  
Orlando, FL 32809  
407-855-1136  
Fax: 407-851-2226



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 7, 2005

FILED

2005 FEB 18 P 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAWRENCE E. WHITE  
625 WALTHAM AVE.  
ORLANDO, FL 32809

SUBJECT: PATIENT CARE SERVICES GROUP, INC.  
Ref. Number: W05000006324

We have received your document for PATIENT CARE SERVICES GROUP, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 605A00008484

FILED

2005 APR 18 P 1:13  
April 11, 2005  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
Attn: Agnes Lunt

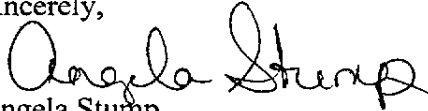
Re: W05000006324 Patient Care Services Group, Inc.

Dear Ms. Lunt:

This is in reference to the letter (Number 60500008484) we received from your office. We had sent in documents to be filed to register Patient Care Services Group in the state of Florida. We have since received a Certificate of Good Standing for this entity, the original of which is included with this letter. This should be sufficient for the registration. Please use the check (#17239) retained by your office for the registration fees.

If there are any further questions or concerns, please feel free to contact me at the below information.

Sincerely,



Angela Stump  
For Lawrence E. White  
625 Waltham Ave  
Orlando, FL 32809  
407-855-1136  
Fax: 407-851-2226

**FILED**

2005 APR 18 P 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Patient Care Services Group, 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:

Lawrence E. White  
(Name of Person)  
Patient Care Services Group, Inc.  
(Firm/Company)  
625 Waltham Avenue  
(Address)  
Orlando, FL 32809  
(City/State and Zip code)

For further information concerning this matter, please call:

Lawrence E. White at ( 407 ) 855-1136  
(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

1. Patient Care Services Group, 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

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

3. 20-1995172

(FEI number, if applicable)

4. December 14, 2004

(Date of incorporation)

5. perpetual

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

6. upon qualification

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

7. 625 Waltham Avenue, Orlando, FL 32809

(Principal office address)

625 Waltham Avenue, Orlando, FL 32809

(Current mailing address)

8. Sales of goods and 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: Lawrence E. White

Office Address: 625 Waltham Avenue

Orlando

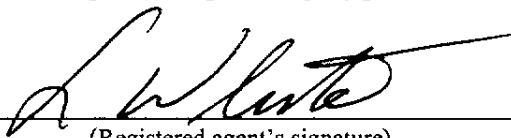
(City)

, Florida Lawrence E. White

(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: Lawrence E. White

Address: 625 Waltham Avenue, Orlando, FL 32809

Vice Chairman: N/A

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

Director: N/A

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

Director: N/A

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

**B. OFFICERS**

President: Lawrence E. White

Address: 625 Waltham Avenue, Orlando, FL 32809

Vice President: Lawrence E. White

Address: 625 Waltham Avenue, Orlando, FL 32809

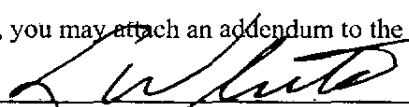
Secretary: Lawrence E. White

Address: 625 Waltham Avenue, Orlando, FL 32809

Treasurer: Lawrence E. White

Address: 625 Waltham Avenue, Orlando, FL 32809

**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 12 of the application)

14. Lawrence E. White  
(Typed or printed name and capacity of person signing application)

**FILED**

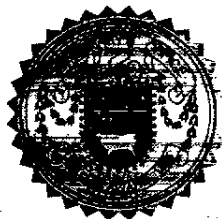
2005 APR 18 P 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATIENT CARE SERVICES 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 FOURTEENTH DAY OF MARCH, A.D. 2005.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3896642 8300

AUTHENTICATION: 3740065

050194440

DATE: 03-14-05