

F 05000005180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

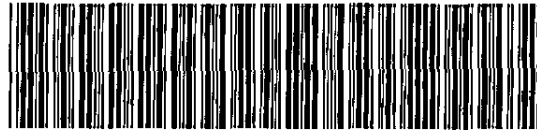
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SECRET OF STATE  
TALLAHASSEE, FLORIDA

05 SEP -7 PM 4:23

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SECRET OF STATE  
TALLAHASSEE, FLORIDA

CT CORPORATION

September 7, 2005

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
05 SEP -7 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6447162 SO  
Customer Reference 1: 35715-000212  
Customer Reference 2:

Dear Department of State, Florida:

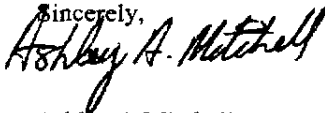
Please obtain the following:

IN-HOUSE CARE SOLUTIONS, INC (DE)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,



Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

1203 Governors Square Boulevard  
Tallahassee, FL 32301-2960  
Tel. 850 222 1092  
Fax 850 222 7615

**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. IN-HOUSE Care Solutions, 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. applied for

(FEI number, if applicable)

4. September 1, 2005

(Date of incorporation)

5. perpetual

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

6. Upon approval of this Application

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o Corporate Secretary, Tandem Health Care  
One Oxford Centre, 20th Floor, 301 Grant Street

(Principal office address)

Pittsburgh, PA 15219

(Current mailing address)

8. Ancillary services related to long term care

(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: C T Corporation System

Office Address: 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: Connie Bryan Spauld Asst. Secy

(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 R. Deering  
Address: 800 Concourse Pkwy, S., Suite 200  
Maitland, FL 32751

Vice Chairman: N/A  
Address: \_\_\_\_\_

Director: <u>Lawrence R. Deering</u>	Director: <u>Eugene R. Curcio</u>
Address: <u>800 Concourse Pkwy, S., Suite 200</u>	Address: <u>800 Concourse Pkwy S., Suite 200</u>
<u>Maitland, FL 32751</u>	<u>Maitland, FL 32751</u>

Director: Joseph D. Conte  
Address: 800 Concourse Pkwy, S., Suite 200  
Maitland, FL 32751

**B. OFFICERS**

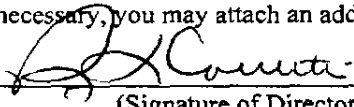
Chairperson  
& CEO ~~XXXXXX~~ Lawrence R. Deering  
Address: 800 Concourse Pkwy, S., Suite 200  
Maitland, FL 32751

~~Vice~~ President: Joseph D. Conte  
& COO  
Address: 800 Concourse Pkwy S., Suite 200  
Maitland, FL 32751

Secretary: Rosemary L. Corsetti  
Address: One Oxford Centre, 20th Floor, 301 Grant Street, Pittsburgh, PA 15219

Treasurer: Eugene R. Curcio  
Address: 800 Concourse Pkwy, S., Suite 200  
Maitland, FL 32751

**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. Rosemary L. Corsetti, Secretary  
(Typed or printed name and capacity of person signing application)

# Delaware

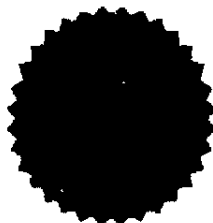
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IN-HOUSE CARE SOLUTIONS, 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 SIXTH DAY OF SEPTEMBER, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IN-HOUSE CARE SOLUTIONS, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2005.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

4023747 6300

AUTHENTICATION: 4135908

050728492

DATE: 09-06-05