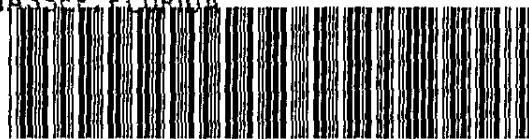


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



200059023072

09/12/05--01043--003 **70.00

(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:

W05-43716

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 20, 2005

C. JAMES MCALLAR, JR.
MCCALLAR LAW FIRM
P.O. BOX 9026
SAVANNAH, GA 31412

SUBJECT: ISLAND HEALTH CARE, INC.
Ref. Number: W05000043716

We have received your document for ISLAND HEALTH CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 805A00057724

LAW OFFICES
McCALLAR LAW FIRM
115 WEST OGLETHORPE AVENUE
SAVANNAH, GEORGIA
31401

C. JAMES McCALLAR, JR.
MARK BULOVIC (Ga. & Fla.)

FAX TRANSMITTAL

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PLEASE REPLY TO
P.O. BOX 9020
SAVANNAH, GEORGIA 31412
(912) 234-1215
Fax: (912) 236-7549
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Ellen Bolch
234-1718

FROM: Sharon Kessler

DATE: September 26, 2005

RE: Island Health Care Florida registration

*Resubmitted
+ mailed
10/6/05*

Ellen,

Attached is correspondence from Florida Department of State. We need to choose an alternate corporate name and submit the form again within 60 days.

The information contained in this telefacsimile message is transmitted by an attorney. It is privileged and confidential, intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If this communication has been received in error, please immediately notify us by telephone, collect if necessary, so that we may arrange for the original message to be returned and to reimburse you for the expense of returning it. Thank you.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**TRANSMITTAL LETTER****TO:** Registration Section
Division of Corporations**SUBJECT:** Island Health Care, 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:

C. James McCallar, Jr., Attorney

(Name of Person)

McCallar Law Firm

(Firm/Company)

Post Office Box 9026

(Address)

Savannah, Georgia 31412

(City/State and Zip code)

For further information concerning this matter, please call:

Sharon Kessler

(Name of Person)

at (912) 234-1215

(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

Jul 20 03 03:16p

Jerry Eastridge

912 234 1718

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA1. Island Health Care, Inc.(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")IDEAL ISLAND HEALTH CARE, INC.

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

2. South Carolina

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

3. 57-1017624

(FEL number, if applicable)

4. March 2, 1995

(Date of incorporation)

5. perpetual

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)7. 3 West Perry Street, Savannah, Georgia 31401

(Principal office address)

3 West Perry Street, Savannah, Georgia 31401

(Current mailing address)

8. Home health 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: Joan BroganOffice Address: 1136 Arlingwood AvenueJacksonville, Florida 32211

(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.*Joan B. Brogan

(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:

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A. DIRECTORS

Chairman: Ellen B. Bolch

Address: 3 West Perry Street, Savannah, GA 31401

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Ellen B. Bolch

Address: 3 West Perry Street, Savannah, GA 31401

Vice President:

Address:

Secretary:

Address: 3 West Perry St. Savannah GA 31401

Treasurer:

Address: 3 West Perry St. Savannah, GA 31401

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

13.

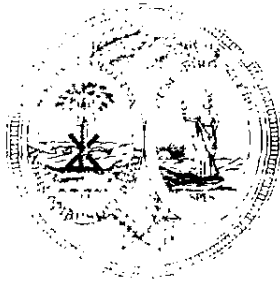
(Signature of Director or Officer listed in number 12 of the application)

14.

Ellen B. Bolch

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

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ISLAND HEALTH CARE, INC.,
a corporation duly organized under the laws of the State of South Carolina on March 2nd, 1995, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
11th day of August, 2005.

A handwritten signature in cursive script, reading "Mark Hammond", is written over a horizontal line.

Mark Hammond, Secretary of State