

F06000004452

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000168512 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Evercare Hospice, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED
06 JUN 28 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

6/29/06

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. Evercare Hospice, 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. 30-0226127
(FEI number, if applicable)
4. 1-12-2004
(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. UnitedHealth Group Center, 9900 Bren Road East, Minnetonka, MN 55343
(Principal office address)
UnitedHealth Group Center, 9900 Bren Road East, Minnetonka, MN 55343
(Current mailing address)
8. to provide hospice care/services and palliative care consultations
(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: CT 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.

CT Corporation System
By: Michele Miller
(Registered agent's signature) Michele Miller
Assistant Secretary

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:

FILED
06 JUN 28 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORSChairman: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: Thomas H. LindquistAddress: UnitedHealth Group Center, 9900 Bren Road East
Minnetonka, MN 55343Director: John R. Mach, Jr. MDAddress: UnitedHealth Group Center, 9900 Bren Road East
Minnetonka, MN 55343**B. OFFICERS**President: Thomas H. LindquistAddress: UnitedHealth Group Center, 9900 Bren Road East
Minnetonka, MN 55343Vice President: n/a

Address: _____

Secretary: Gaye Adams MasseyAddress: UnitedHealth Group Center, 9900 Bren Road East, Minnetonka, MN 55343Treasurer: Robert W. OberrenderAddress: UnitedHealth Group Center, 9900 Bren Road East, Minnetonka, MN 55343

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

13. Gaye Adams Massey
(Signature of Director or Officer listed in number 12 of the application)14. Gaye Adams Massey, Secretary
(Typed or printed name and capacity of person signing application)FILED
06 JUN 28 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 2

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVERCARE HOSPICE, 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-SIXTH DAY OF JUNE, A.D. 2006.

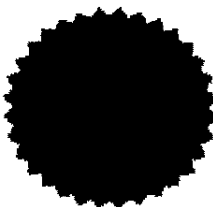
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED
06 JUN 28 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3751531 8300

060613075



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4857051

DATE: 06-26-06

TOTAL P.05