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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Greenberg Traurig	
Requester's Name	
101 E. College Ave.	
Address	
Tallahassee, FL 32301	222-6891
City/State/Zip	Phone #
ATTN: Karen Rogers	

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Evercare Hospice of Collier County, Inc.
(Corporation Name) (Document #)
2. Evercare Hospice of Manatee County, Inc.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input checked="" type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input checked="" type="checkbox"/> Will wait | <input checked="" type="checkbox"/> Certificate of Status |
| | <input type="checkbox"/> Photocopy | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☒ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Evercare Hospice of Manatee County, 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:

Lisa J. Trippel, Legal Services Specialist

(Name of Person)

UnitedHealth Group Incorporated

(Firm/Company)

UnitedHealth Group Center, 9900 Bren Road East

(Address)

Minnetonka, MN 55343

(City/State and Zip code)

For further information concerning this matter, please call:

Lisa J. Trippel

(Name of Person)

at (952) 936-1865

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. Evercare Hospice of Manatee County, 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. _____

(FEI number, if applicable)

4. October 19, 2006

(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. 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 and palliative care 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: 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
(Registered agent's signature)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

FILED
06 OCT 20 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: John R. Mach, Jr., MD

Address: UnitedHealth Group Center, 9900 Bren Road East

Minnetonka, MN 55343

Director: Sheila E. McMillan

Address: UnitedHealth Group Center, 9900 Bren Road East

Minnetonka, MN 55343

B. OFFICERS

President: John R. Mach, Jr., MD

Address: UnitedHealth Group Center, 9900 Bren Road East

Minnetonka, MN 55343

Vice President: n/a

Address: _____

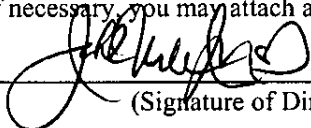
Secretary: Gaye Adams Massey

Address: UnitedHealth Group Center, 9900 Bren Road East, Minnetonka, MN 55343

Treasurer: Robert W. Oberrender

Address: 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.  _____
(Signature of Director or Officer listed in number 12 of the application)

14. John R. Mach, Jr., MD, President
(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 "EVERCARE HOSPICE OF MANATEE COUNTY, 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 NINETEENTH DAY OF OCTOBER, A.D. 2006.



4238237 8300
060962220

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5130282

DATE: 10-19-06