

Fd60000007233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

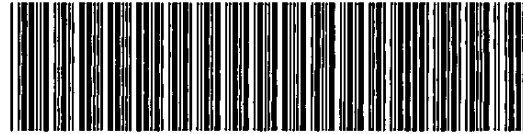
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SECRETARY OF STATE

CB11-20-06  
6126-48846

Capitol Office Center  
3422 Old Capitol Trail, Suite 700  
Wilmington, DE 19808-6192 (USA)

Tel: 302.996.5819  
Fax: 302.996.5818

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Tel: 1.800.423.2993  
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October 31, 2006

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Resurge Hospitals of Defuniak Springs Inc.

Dear Secretary of State:

Please find enclosed the following documents:

Application for Authority to register a foreign corporation  
Filing Fee  
State of Delaware original official document (if required)

Please file these documents accordingly and return them to me along with a Certified Copy at the address above on this letterhead or in the enclosed pre-addressed envelope.

Any questions concerning this filing, you may reach me directly at 800-423-2993.

Thank you,

A handwritten signature in cursive script that reads "Lori M. Whitlock".

Lori M. Whitlock  
General Manager

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2006

LORI WHITLOCK  
3422 OLD CAPITOL TR STE 700  
WILMINGTON, DE 19808

SUBJECT: RESURGE HOSPITALS OF DEFUNIAK SPRINGS INC.  
Ref. Number: W06000048846

We have received your document for RESURGE HOSPITALS OF DEFUNIAK SPRINGS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must be in florida, with a florida street address.,

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) 245-6925.

Cynthia Blalock  
Document Specialist

Letter Number: 406A00065694

**PLEASE NOTE:** You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at [www.sunbiz.org](http://www.sunbiz.org).

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**COVER LETTER**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Resurge Hospitals of Defuniak Springs 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:

Lori Whitlock

(Name of Person)

Delaware Business Incorporators, Inc.

(Firm/Company)

3422 Old Capitol Trail, Suite 700

(Address)

Wilmington, DE 19808

(City/State and Zip code)

For further information concerning this matter, please call:

Lori Whitlock

(Name of Person)

at ( 302 ) 996 5819

(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. Resurge Hospitals of Defuniak Springs Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Resurge Hospitals of Florida Inc

(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 20, 2006

(Date of incorporation)

## 5. Perpetual

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

## 6. Upon Authorization

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

7. 4413 US Hwy 311 S Defuniak Springs, FL 32435

(Principal office address)

SAME

(Current mailing address)

## 8. Acute CARE Hospital

(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:

Rusty Shelton

Office Address:

4413 US HWY 311S

Defuniak Springs

(City)

Florida

32435

(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.

Rusty Shelton

(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

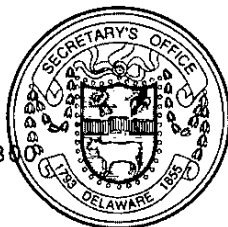
## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESURGE HOSPITALS OF DEFUNIAK SPRINGS 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2006.

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 "RESURGE HOSPITALS OF DEFUNIAK SPRINGS INC." WAS INCORPORATED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2006.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4238549 830

060997475

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5159433

DATE: 10-31-06