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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

DIVISION OF CORPORATIONS

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FOREIGN PROFIT/NONPROFIT CORPORATION

PENTEC HEALTH, INC.

Certificate of Status	0
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J 8/29/08

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. Pentec Health, 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. Pennsylvania

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

3. 51-0269822

(FEI number, if applicable)

4. April 28, 1983

(Date of incorporation)

5. Perpetual

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

6. Upon qualification

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

7. 4 Creek Parkway, Boothwyn, PA 19061

(Principal office address)

4 Creek Parkway, Boothwyn, PA 19061

(Current mailing address)

8. Specialty home infusion provider

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Corporation Service Company

By: Deborah D. Skipper

(Registered agent's signature)

Deborah D. Skipper
Asst. V. Pres.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Joseph Cosgrove

Address: 4 Creek Parkway, Boothwyn, PA 19061

Director: _____

Address: _____

B. OFFICERS

President: Joseph Cosgrove

Address: 4 Creek Parkway, Boothwyn, PA 19061

Vice President: _____

Address: _____

Secretary: Joseph Cosgrove

Address: 4 Creek Parkway, Boothwyn, PA 19061

Treasurer: Joseph Cosgrove

Address: 4 Creek Parkway, Boothwyn, PA 19061

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. Joseph Cosgrove, President
(Typed or printed name and capacity of person signing application)

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

AUGUST 28, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PENTEC HEALTH, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

Pedro A. Cortis

Secretary of the Commonwealth

Certification Number: 7594364-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>