

F08000004208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

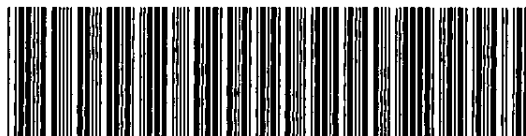
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/21/08--01012--010 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-26-08
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llc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2008

DORIS A. BAKER CPA
P. O. BOX 186
BETHANY, MO 64424

SUBJECT: PERSON-CENTERED CARE, INC.
Ref. Number: W08000039234

RECEIVED
08 SEP 26 AM 9 00
DIVISION OF CORPORATIONS

"See Name Change on Form."

We have received your document for PERSON-CENTERED CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 608A00046999

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

one hundred and fifty
of the state of Florida
the state of Florida

COVER LETTER

FILED
2008 SEP 26 P 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Person-Centered 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:

Doris A. Baker CPA
(Name of Person)
Sigrist & Associates PC
(Firm/Company)
P.O. Box 186
(Address)
Bethany MO 64424
(City/State and Zip code)

For further information concerning this matter, please call:

Doris A. Baker CPA at (660) 425-6376
(Name of Person) (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. Person-Centered Care, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Person-Centered Care Inc of Missouri
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. 04-3747391
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01-01-03 5. perpetual
(Date of incorporation) (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. 9603 71st Ave E. Palmetto Bradenton FL 34221
(Principal office address)
PO Box 959 Bradenton FL 34206
(Current mailing address)

8. _____
(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: Eric Haider

Office Address: 9603 71st E. Palmetto
Bradenton, Palmetto, Florida 34206
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.

X Eric Haider
(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:

A. DIRECTORS

Chairman: Eric Harder

Address: PO Box 959
Bradenton FL 34206

Vice Chairman: _____

Address: _____

Director: Eric Harder

Address: PO Box 959
Bradenton FL 34206

Director: _____

Address: _____

B. OFFICERS

President: Eric Harder

Address: PO Box 959
Bradenton FL 34206

Vice President: _____

Address: _____

Secretary: Eric Harder

Address: PO Box 959 Bradenton FL 34206

Treasurer: _____

Address: _____

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

13. X Eric Harder

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

14. Eric Harder, Pres./Dir.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

PERSON-CENTERED CARE, INC.
00514160

was created under the laws of this State on the 22nd day of October, 2002, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 30th day of July, 2008

Robin Carnahan

Secretary of State

