

FO9000000775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

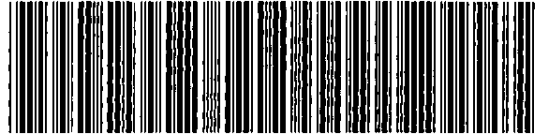
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~409-7434~~

Office Use Only

[Signature]
2/26



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02/13/09--01038--001 **78.75

FILED
2009 FEB 25 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2009

LISA CAWOOD-GRAY
CARE CENTERS MANAGEMENT CONSULTING INC
2020 NORTHPARK, SUITE 2D
JOHNSON CITY, TN 37604-3127

SUBJECT: CARE CENTERS MANAGEMENT CONSULTING, INC.
Ref. Number: W09000007434

We have received your document for CARE CENTERS MANAGEMENT CONSULTING, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 209A00005444

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Care Centers Management Consulting, 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 Cawood-Gray

(Name of Person)

Care Centers Management Consulting, Inc.

(Firm/Company)

2020 Northpark, Suite 2D

(Address)

Johnson City, Tennessee 37604-3127

(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Cawood-Gray

(Name of Person)

at (423) 975-5455, ext. 322

(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

CARE CENTERS MANAGEMENT CONSULTING, INC.

2020 Northpark, Suite 2F · Johnson City, TN 37604-3127 · Ph. 423-975-5455 · Fax 423-975-5405

February 24, 2009

Florida Division of Corporations
New Filings Section
Attention: Ms. Loria Poole
2661 Executive Center Circle
Tallahassee, Florida 32301

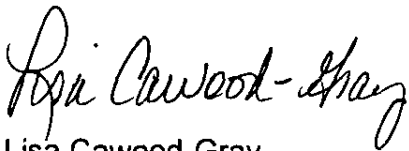
Re: Care Centers Management Consulting, Inc.
Application By Foreign Corporation For Authorization To Transact Business
In Florida

Ms. Poole:

Per our conversation, enclosed you will find a Tennessee Certificate of Existence
for the above named entity.

If you should need anything else to approve this application, please feel free to
contact me via cell at (423) 416-9595.

Sincerely,



Lisa Cawood-Gray
Risk Consultant

enclosures

**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. Care Centers Management Consulting, 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. Tennessee 3. 62-1366831
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/15/1988 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. 2020 Northpark, Suite 2D, Johnson City, Tennessee 37604-3127
(Principal office address)

2020 Northpark, Suite 2D, Johnson City, Tennessee 37604-3127
(Current mailing address)

8. Healthcare Management Consulting 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)

FILED
2009 FEB 25 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Registered agent's signature)
Danny Verdecchia, Jr. Asst. 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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jimmy (J.R.) R. Lewis

Address: 2020 Northpark, Suite 2D, Johnson City, TN 37604-3127

Director: _____

Address: _____

B. OFFICERS

President: Jimmy (J.R.) R. Lewis

Address: 2020 Northpark, Suite 2D, Johnson City, TN 37604-3127

Vice President: _____

Address: _____

Secretary: Joel S. Hollingsworth

Address: 2020 Northpark, Suite 2D, Johnson City, TN 37604-3127

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. Jimmy (J.R.) R. Lewis, President

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

Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 02/17/2009
REQUEST NUMBER: 09048533
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/15/1988
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0206346
JURISDICTION: TENNESSEE

TO:
CARE CENTERS MANAGEMENT CONSULTING INC
%LISA CAWOOD-GRAY
2020 NORTHPARK #2D
JOHNSON CITY, TN 37604-3127

REQUESTED BY:
CARE CENTERS MANAGEMENT CONSULTING INC
%LISA CAWOOD-GRAY
2020 NORTHPARK #2D
JOHNSON CITY, TN 37604-3127

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"CARE CENTERS MANAGEMENT CONSULTING, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/17/09

FROM:
CARE CENTERS MANAGEMENT CONSULTING INC
2020 NORTHPARK
STE 2D
JOHNSON CITY, TN 37604-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00004532550
ACCOUNT NUMBER: 00621119



Tre Hargett
TRE HARGETT
SECRETARY OF STATE