

FO9000002524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

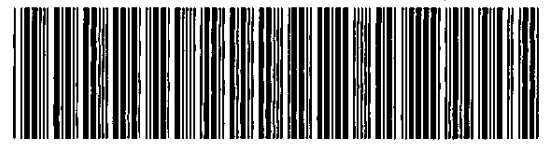
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/09--01040--008 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 6/26/09

W09000029523



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2009

CHARLENE WILSON
101 VENTURE COURT SUITE 1A
LEXINGTON, KY 40511

SUBJECT: NURSES' REGISTRY AND HOME HEALTH CORPORATION
Ref. Number: W09000029523

We have received your document for NURSES' REGISTRY AND HOME HEALTH CORPORATION 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) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 509A00021682

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NURSES' REGISTRY AND HOME HEALTH CORPORATION

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:

CHARLENE WILSON

Name of Person

NURSES' REGISTRY AND HOME HEALTH CORPORATION

Firm/Company

101 VENTURE COURT SUITE 1A

Address

LEXINGTON KY 40511

City/State and Zip code

wilsonc@nursesregistry.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlene Wilson

Name of Person

at (859) 255-4411

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. NURSES' REGISTRY AND HOME HEALTH CORPORATION

(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. KENTUCKY

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

3. 61-1051992

(FEI number, if applicable)

4. 5/25/84

(Date of incorporation)

5. PERPETUAL

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

6. AUGUST 2009

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

7. 3959 SOUTH NOVA ROAD SUITE 34, PORT ORANGE FLORIDA 32127

(Principal office address)

101 VENTURE COURT SUITE 1A, LEXINGTON KY 40511

(Current mailing address)

8. HOME HEALTH 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: **CHARLENE WILSON**

c/o Nurses Registry

Office Address: **3959 SOUTH NOVA ROAD #34**

PORT ORANGE

(City)

, Florida **32127**

(Zip code)

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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.

Charlene Wilson

(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: LENNIE G. HOUSE

Address: 101 VENTURE COURT
LEXINGTON, KY 40511

Vice Chairman: _____

Address: _____

Director: VICKI S. HOUSE

Address: 101 VENTURE COURT
LEXINGTON KY 40511

Director: _____

Address: _____

B. OFFICERS

President: LENNIE G. HOUSE

Address: 101 VENTURE COURT
LEXINGTON KY 40511

Vice President: _____

Address: _____

Secretary: VICKI HOUSE

Address: 101 VENTURE COURT, LEXINGTON KY 40511

Treasurer: VICKI HOUSE

Address: 101 VENTURE COURT, LEXINGTON KY 40511

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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. LENNIE G. HOUSE, PRESIDENT

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

Commonwealth of Kentucky
Trey Grayson, Secretary of State

5/22/2009

Division of Corporations
Business Filings

P. O. Box 718
Frankfort, KY 40602
(502) 564-2848
<http://www.sos.ky.gov>

Certificate of Existence

Authentication Number: 80836

Jurisdiction: Nurses Registry and Home Health Corporation

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

NURSES' REGISTRY AND HOME HEALTH CORPORATION

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is May 25, 1984 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 22nd day of May, 2009.



Tn62
Trey Grayson
Secretary of State
Commonwealth of Kentucky
80836/0190015

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