## F0900003171

(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	ocument Number)	)		
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

#### **COVER LETTER**

2009 AUG -7 PH 4: 00

TO: New Filing Section Division of Corporations		
SUBJECT: Cambridge He	poration - must include suffix	
Dear Sir or Madam:	• • • • • • • • • • • • • • • • • • • •	
	tion for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to	
Please return all correspondence concerning this Histina E. Cu		
	me Healthcare, Inc.	
4085 Embassy	Parkway Address	
Akran, OH  City  Keurry & Ca  E-mail address: (to be	mbridge Home Health. com  pe used for future annual report notification)	
Name of Person at (_	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 Stat		



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2009 AUG - 7 PM 4: On

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2009

KRISTINA E. CURRY 4085 EMBASSY PARKWAY AKRON, OH 44333

SUBJECT: CAMBRIDGE HOME HEALTHCARE, INC.

Ref. Number: W09000034347

We have received your document for CAMBRIDGE HOME HEALTHCARE, 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):

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.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 709A00025883

### 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.

(Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCOR rp," "Inc," "Co," or "Corp.")	PORATED," "COMPAN	Y," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate cor	porate name adopted for th	ne purpose of transacting bus	iness in Florida)
(	Ohio	3.		
State or country u	nder the law of which it is incorp	porated)	(FEI number, if applicabl	e)
Mai	ch 10.1994	5 11 124	rootual"	
(Date of	of incorporation)	(Duration:	Year corp. will cease to exist	or "perpetual")
	NA			
		ed business in Florida, if properties of the desired business in Florida, if the desired business in Florida, if the desired business in Florida business in		
4085	Embassy Park	way, Akron al office address)	, OH 44333	<u> </u>
	Embassy Parki			
	of corporation authorized in hon			2009 AUG - 7
	address of Florida registered	=		- <b>7</b>
Name:	Yanay Diller -	Shively	•	ORP
fice Address:	Nancy Diller -	Pulling Road	Sta.9	OR STATE ORPORATION PH 4: OF
	Nades	<b>Q</b> Florid	. 3UIN9	<b>60</b>
	Naples (City)	, 1 10110	(Zip code)	:-
aving been name signated in this o rther agree to co	ent's acceptance: d as registered agent and to a application, I hereby accept th mply with the provisions of a with and accept the obligation	he appointment as regis Il statutes relative to the	tered agent and agree to ( proper and complete per	act in this capacity.
	Many &	Ille-Shive	1	

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:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

A. DIRECTORS	DIVISION OF CORPORATION!		
Chairman: N/A	2009 AUG -7 PH 4: DO		
Address:			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: Nancy Diller - Shively			
Address: 4085 Embassy Parkway			
Vice President: Michael Crothers	·F^		
Address: 2200 Ross Ave. Str. 40 Dallas, TX 75201	•		
milil Bail.			
2200 Day 1 / 61 762	8 Duly TY 75701		
$\infty$ 1 $\alpha$ 1 $\alpha$ 1 $\alpha$ 1	O, LAURS, IN ISEU		
Address: ZZOO Ross Ava. Sta 38:	38, Dallas, TX 75201		
Address. 4CO Mas 1908. DR. 30	30, Lanas, 1 p 10101		
NOTE: If necessary, you may attach an addendum to the application 1	isting additional officers and/or directors.		
13. Slang Jelle 3 h	12 (V)		
(Signature of Dice for or Officer listed in number 14.			
(Typed or printed name and capacity of person	n signing application)		

# United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CAMBRIDGE HOME HEALTH CARE, INC., an Ohio corporation, Charter No. 866131, having its principal location in Akron, County of Summit, was incorporated on March 10, 1994 and is currently in GOOD STANDING upon the records of this office.

SECRETARY OF STATE OF STATE OF CORPORATIONS

2009 AUG - 7 PM 4: 00



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of August, A.D. 2009

**Ohio Secretary of State** 

Validation Number: V2009216A1FA3D