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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

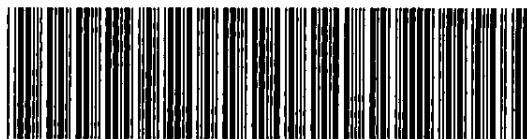
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SECRETARY OF STATE
BIRMINGHAM, ALABAMA

1.0000 MAR 17 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nightingale Care Services, 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," or "Certificate of Good Standing" 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:

Jennifer Milligan

Name of Person

Nightingale

Firm/Company

1036 South Rangeline Road

Address

Carmel, Indiana 46032

City/State and Zip code

jmilligan@homecareforyou.com

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

For further information concerning this matter, please call:

Jennifer Milligan

Name of Person

at (317) 334-7777

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Nightingale Care Services, 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. Indiana

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

3. 35-2048868

(FEI number, if applicable)

4. 5/15/1998

(Date of incorporation)

5. perpetual

(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. 1036 South Rangeline Road, Carmel, Indiana 46032

(Principal office address)

1036 South Rangeline Road, Carmel, Indiana 46032

(Current mailing address)

8. To provide home care services to individuals in their homes or private settings

(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: David Pratt

Office Address: 4901 NW 17th Way, Suite 306

Fort Lauderdale, Florida 33309

(City)

(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.

David Pratt

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Dr. Dev A. Brar

Address: 1036 South Rangeline Road, Carmel, Indiana 46032

Director: _____

Address: _____

B. OFFICERS

President: Dr. Dev A. Brar

Address: 1036 South Rangeline Road, Carmel, Indiana 46032

Vice President: _____

Address: _____

Secretary: Dr. Dev A. Brar

Address: 1036 South Rangeline Road, Carmel, Indiana 46032

Treasurer: _____

Address: _____

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

13. Dev. Anump Brar

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

14. Dr. Dev A. Brar, President

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

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SECRETARY OF STATE
INDIANA

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

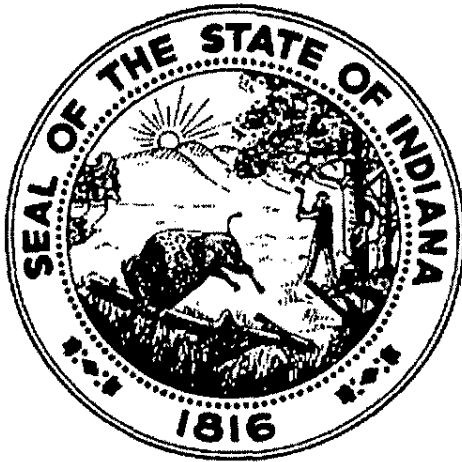
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

NIGHTINGALE CARE SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 15, 1998, and was in existence or authorized to transact business in the State of Indiana on February 25, 2010.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Fifth Day of February, 2010.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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OFFICE OF THE SECRETARY OF STATE
INDIANAPOLIS, INDIANA