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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

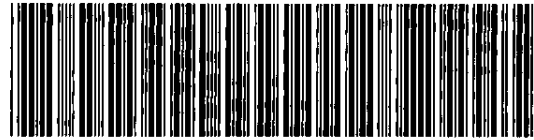
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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9/27/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Landmark Healthcare 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:

Catheryn Mullinger

Name of Person

Landmark Healthcare Services, Inc.

Firm/Company

1750 Howe Avenue, Suite 300

Address

Sacramento, CA 95825-3369

City/State and Zip code

kmullinger@lmhealthcare.com

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

For further information concerning this matter, please call:

Catheryn Mullinger

Name of Person

at (916) 569-3369

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

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**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. Landmark Healthcare Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 68-0393103
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/20/1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1750 Howe Avenue, Suite 300, Sacramento, CA 95825-3369
(Principal office address)
- 1750 Howe Avenue, Suite 300, Sacramento, CA 95825-3369
(Current mailing address)

8. Health care services, including discount 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)

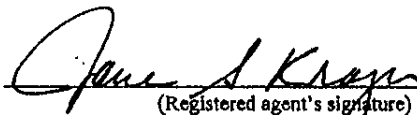
Name: Corporation Services Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.


(Registered agent's signature)

Jane S. Kray, Assistant VP

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

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Chairman: George W. Vieth Jr.

Address: 1750 Howe Avenue, Suite 300

Sacramento, CA 95825-3369

Vice Chairman: _____

Address: _____

Director: George W. Vieth Jr.

Address: 1750 Howe Avenue, Suite 300

Sacramento, CA 95825-3369

Director: Thomas P. Klammer

Address: 1750 Howe Avenue, Suite 300

Sacramento, CA 95825-3369

B. OFFICERS

President: George W. Vieth Jr. (CEO)

Address: 1750 Howe Avenue, Suite 300

Sacramento, CA 95825-3369

Vice President: _____

Address: _____

Secretary: George W. Vieth Jr.

Address: 1750 Howe Avenue, Suite 300, Sacramento, CA 95825-3369

Treasurer: Thomas P. Klammer (CFO)

Address: 1750 Howe Avenue, Suite 300, Sacramento, CA 95825-3369

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

13. Thomas P. Klammer

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

14. Thomas P. Klammer, Director and CFO

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

State of California
Secretary of State

CERTIFICATE OF STATUS

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DIVISION OF CORPORATIONS
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ENTITY NAME:

LANDMARK HEALTHCARE SERVICES, INC.

FILE NUMBER: C1989528
FORMATION DATE: 09/20/1996
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of September 03, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State

FGB