

F10000004535

(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

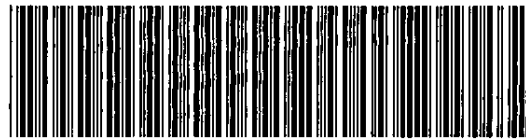
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200184942352

09/08/10--01010--010 **87.50

Wb-42507

FILED
2010 OCT 15 PM 2:49
CLERK OF STATE
TALLAHASSEE FLORIDA

T. Burch OCT 15 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Home Management Care 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:

Lawrence Appel
Name of Person

Firm/Company
8921 S. Sepulveda Blvd., Suite 114
Address

Los Angeles, CA 90045
City/State and Zip code

HomeMgmtCare@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Appel at (310) 347-7897
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2010

LAWRENCE APPEL D STE 106
9821 S SEPULVEDA BLVD STE 114
LOS ANGELES, CA 90045

SUBJECT: HOME MANAGEMENT CARE INC.
Ref. Number: W10000042507

We have received your document for HOME MANAGEMENT CARE 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.

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 010A00021496



September 21, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations
2ND FAX

LAWRENCE APPEL D STE 106
9821 S SEPULVEDA BLVD STE 114
LOS ANGELES, CA 90045

SUBJECT: HOME MANAGEMENT CARE INC.
REF: W10000042507

We have received your document for HOME MANAGEMENT CARE 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):

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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) 245-6973.

Claretha Golden
Regulatory Specialist II

FAX Aud. #: 200184942352
Letter Number: 010A00021496



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2010

HOME MANAGEMENT CARE INC. 3RD ML
ATTN: LAWRENCE APPEL
8921 S SEPULVEDA BLVD STE 114
LOS ANGELES, CA 90045

SUBJECT: HOME MANAGEMENT CARE INC.
Ref. Number: W10000042507

We have received your document for HOME MANAGEMENT CARE 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.

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 010A00021496

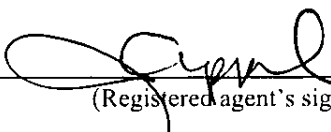
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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. Home Management Care 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. California 3. 33-0313931
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 20, 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. 2255 Glades Road, Suite 106 Boca Raton, FL 33421
(Principal office address)
- 8921 S. Sepulveda Blvd., Suite 114 Los Angeles, CA 90045
(Current mailing address)
8. Nurse Registry
(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: Jenny Appel
- Office Address: 12591 Pineacre Lane
Wellington, Florida 33414
(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)

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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Jenny Appel

Address: 12591 Pineacre Lane, Wellington FL 33414

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. JENNY APPEL, Secretary

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

FILED
OCT 15 PM 2:49
CLERK OF DISTRICT COURT
JANUARY 1978

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HOME MANAGEMENT CARE, INC.

FILE NUMBER: C1440508
FORMATION DATE: 07/07/1988
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
OCT 15 PM 2:49
RECEIVED
SECRETARY OF STATE
FALLS CHURCH, VA

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 28, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State