Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000244216 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NORTHWEST REGITERED AGENT LLC

Account Number : I20090000081 Phone

: (509)768-2249

Fax Number

: (866)543-4731

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION

Professional Health Care Service, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	0.5
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

November 15, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

NORTHWEST REGISTERED AGENT LLC

SUBJECT: PROFESSIONAL HEALTH CARE SERVICE, INC.

REF: W10000053441

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000244216 Letter Number: 510A00026754

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.

Alabama	able in Florida, enter alternate co	· 3.	adopted for the purpose of transacting business in Florida) (FEI number, if applicable)
April 28, 1989		_	Perpetual
	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
	(Date first transact (SEE SECTIONS 607.1 ve, Fairhope, AL 38532	ed business in 501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)
OCOT MAIPING A		al office addi	css)
14965 Hwy 59,	Foley, AL 38535		
	(Curren	t mailing addi	reas)
	ment business for home delive		The state of the s
(Purposett	r) or corporation allianties a in ac at <u>address</u> of Florida registered		unity to be carried out in state of Florida) Box NOT acceptable)
Name and stree			
_	Northwest Registered Ager	t LLC	N. Fo
Name and stree Name: ffice Address:	Northwest Registered Ager 2022-2 Raymond Diehi Rd	t LLC	ASSEE FI
Name:	2022-2 Raymond Diehi Rd Tallahassee	t LLC	Florida 32301
Name:	2022-2 Raymond Diehi Rd	t LLC	Florida 32301 (Zip code)

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.

FILED

10 NOV 15 AM 11:31 12. Names and business addresses of officers and/or directors: SECRETARY OF STATE FALLAHASSEE FLORIDA A DIRECTORS Chairman: Timothy R. Mixon Address: 8367 Morphy Ave Fairhope, AL 36532 Vice Chairman: Address: Director: Timothy R. Mixon Address: 8367 Morphy Ave Fairhope, AL 36532 Director: B. OFFICERS President: _Timothy R. Mixon Address: 8367 Morphy Ave Fairhope, AL 36532 Vice President: Address: _ Secretary: Kerl Vollmar Address: 8367 Morphy Ave, Fairhope, AL 36532 Tressurer: Kerl Vollmar Address: 8367 Morphy Ave, Fairhope, AL 36532 NOTE: If accessary, year may direct an addendam to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

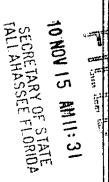
Timothy R. Mixon, Director

Beth Chapman Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hererby certify that

the entity records on file in this office disclose that Professional Health Care Service, Inc. was formed in Baldwin County, Alabama on April 28, 1989. The Alabama Entity Identification number for this entity is 130-589. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/9/2010

Date

Beth Chapman

Beth Chapman

Secretary of State