

**F10000004983**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H10000244216 3)))



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Email Address: grctim@grc-inc.com

**Professional Health Care Service, Inc.**

RECEIVED  
10 NOV 15 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB 11/16



November 15, 2010

FLORIDA DEPARTMENT OF STATE

NORTHWEST REGISTERED AGENT LLC Division of Corporations

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

H100002442163

**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. Professional Health Care Service, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

PHCS Home Medical Equipment, Inc.

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

2. Alabama

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. April 28, 1989

(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. 6367 Morphy Ave, Fairhope, AL 36532

(Principal office address)

14865 Hwy 58, Foley, AL 36535

(Current mailing address)

8. Medical equipment business for home delivery.

(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: Northwest Registered Agent LLC

Office Address: 2022-2 Raymond Diehl Rd

Tallahassee

(City)

Florida 32301

(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.*



Dan Kaen-Manager

(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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TALLAHASSEE FLORIDA

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

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: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Timothy R. Mixon

Address: 8367 Morphy Ave

Fairhope, AL 36532

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Karl Vollmar

Address: 8367 Morphy Ave, Fairhope, AL 36532

Treasurer: Karl Vollmar

Address: 8367 Morphy Ave, Fairhope, AL 36532

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. Timothy R. Mixon, Director

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

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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 hereby 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.

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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