

**F11000005208**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H11000300566 3)))



H110003005663ABCW

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To:

Division of Corporations  
Fax Number : (850) 617-6381

**Please retain original filing  
date of submission 12/23**

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

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

**FOREIGN PROFIT/NONPROFIT CORPORATION  
ABM HEALTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06 7
Estimated Charge	\$70.00

**FILED**  
2011 DEC 23 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
14 DEC 28 PM 12:49  
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TALLAHASSEE, FLORIDA



December 27, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ABM HEALTH, INC.  
REF: W11000063828

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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. <http://www.sunbiz.org/titledef.html>.

The officers titles must be consistent through out the document.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000300566  
Letter Number: 211A00028640

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date of submission 12/23

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ABM HEALTH, 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:

MICHAEL J. BRENNAN

Name of Person

ABM HEALTH, INC.

Firm/Company

1221 LAMAR ST. STE. 1500

Address

HOUSTON, TX 77010

City/State and Zip code

eric.bean@abm.com

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

For further information concerning this matter, please call:

Eric Bean

at ( 832 ) 214-5525

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

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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. ABM HEALTH, 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. MASSACHUSETTS

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

3. 04-2746437

(FEI number, if applicable)

4. 01/05/1982

(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. 325 HOPPING BROOK, HOLLISTON, MA 21045

(Principal office address)

325 HOPPING BROOK, HOLLISTON, MA 21045

(Current mailing address)

8. HEALTHCARE FACILITY MANAGEMENT AND MAINTENANCE

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(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.*

CT Corporation System

By:

Connie Bryan  
Connie Bryan  
(Registered agent's signature) Assistant Secretary

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: SEE ATTACHED.

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

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

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

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

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

Secretary: \_\_\_\_\_

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

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. MICHAEL J. BRENNAN, Officer \_\_\_\_\_

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

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## Officers and Directors

Scott Giacobbe	President	1005 Windward Ridge Pkwy, Alpharetta, GA 30005
Raymond Zambuto	Executive Vice President	325 Hopping Brook, Holliston, MA 21045
Paul Monahan	Chief Operating Officer	325 Hopping Brook, Holliston, MA 21045
Sarah H. McConnell	General Counsel & Clerk	551 Fifth Ave. Ste. 300, New York, NY
Michael J. Brennan	Officer	1221 Lamar St. Ste. 1500 Houston TX 77010
Joseph Franz	CFO	1221 Lamar St. Ste. 1500 Houston TX 77010
Diego Anthony Scaglione	Treasurer	551 Fifth Ave. Ste. 300, New York, NY
Robert Avant	VP, Tax	8101 W Sam Houston Pkwy S, Houston, TX
Robert Giordano	Comptroller, Assistant Treasurer and Assistant Clerk	325 Hopping Brook, Holliston, MA 21045
Tracy K. Price	Director	152 Technology Dr. Irvine, CA 92618
Henrik C. Slipsager	Director	551 Fifth Ave. Ste. 300, New York, NY
James S. Lusk	Director	551 Fifth Ave. Ste. 300, New York, NY

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William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: December 23, 2011

To Whom It May Concern :

I hereby certify that according to the records of this office,  
**ABM HEALTH, INC.**

is a domestic corporation organized on **January 05, 1982** , under the General Laws of the  
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-  
ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's  
dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-  
poration has filed all annual reports, and paid all fees with respect to such reports, and so far as  
appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 11125543820

Verify this Certificate at: <http://corp.sec.state.ma.us/corp/Certificates/Verify.asp>

Processed by: cmu

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