

F12000001871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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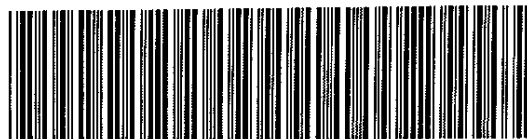
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/01/12--01018--014 **78.75

SECRETARY OF STATE
MAIL ROOM

12 MAY - 1 PM 4: 57

FILED

EQUINOX HOME CARE VISITING NURSE AGENCY INC.

305 Boston Avenue, Suite 302
Stratford, CT 06614

April 11, 2012

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Registration - Equinox Home Care Visiting Nurse Agency Inc.
Foreign Profit Corporation

Dear Sir or Madam:

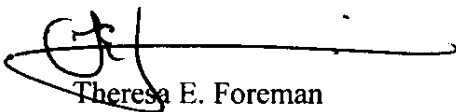
In connection with the registration of the above captioned foreign profit corporation I am enclosing the following:

1. Application by Foreign Corporation for Authorization to Transact Business in Florida.
2. A certificate of good standing from the State of Connecticut
3. A check in the amount of \$78.75 representing the filing fees and certificate of status.

For further information concerning this matter, please call 203-400-1594 or email me at tforeman011@yahoo.com.

Once the documents have been processed please provide confirmation of acceptance of this filing at your earliest convenience.

Sincerely,



Theresa E. Foreman

**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. EQUINOX HOME CARE VISITING NURSE AGENCY 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. CONNECTICUT

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

3. 27-0551386

(FBI number, if applicable)

4. 06/29/2009

(Date of incorporation)

5. "perpetual"

(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. 305 Boston Avenue, Suite 302, Stratford, CT 06614

(Principal office address)

305 Boston Avenue, Suite 302, Stratford, CT 06614

(Current mailing address)

8. Operating and managing a home care agency and all other activities ancillary and related thereto

(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: **C T 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.



(Registered agent's signature)

Sohan R. Dindyal
Vice President

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Theresa Foreman

Address: 27 Renees Way, Madison, CT 06443

Director: _____

Address: _____

B. OFFICERS

President: Theresa Foreman

Address: 27 Renees Way, Madison, CT 06443

Vice President: _____

Address: _____

Secretary: Theresa Foreman

Address: 27 Renees Way, Madison, CT 06443

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. Theresa Foreman PRESIDENT

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

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof
DO HEREBY CERTIFY, that the certificate of incorporation of

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EQUINOX HOME CARE VISITING NURSE AGENCY INC. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

a domestic STOCK corporation, was filed in this office on June 29, 2009, a certificate of dissolution
has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of
this office such corporation is in existence.



Secretary of the State

Date Issued: April 11, 2012