

F120000002702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

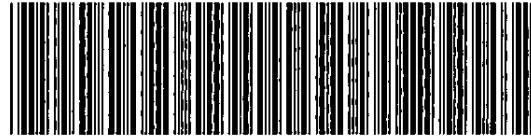
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 28 AM 10:13

W12-3257
W12-40845
W12-9203

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CentralCare, 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:

Name of Person

CentralCare, Inc.

Firm/Company

7010 Little River Turnpike, Suite 335

Address

Annandale, VA 22003

City/State and Zip code

rjohnson@centralcareinc.com

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

For further information concerning this matter, please call:

Robert Johnson

at (571) 499-5007

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

June 15, 2012

CENTRAL CARE, INC.
ATTN: ROBERT JOHNSON
7010 LITTLE RIVER TURNPIKE, SUITE 335
ANNANDALE, VA 22003

SUBJECT: CENTRALCARE NURSING, INC.
Ref. Number: W12000032551

We have received your document for CENTRALCARE NURSING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The registered agent must sign accepting the designation.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 712A00016797

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JUN 28 2012

2012 JUN 28 AM 9:55

NOT RECORDED
TO BE RECORDED
SUNBIZ.ORG



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12 JUN 14 PM 1:02

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2012

CENTRALCARE, INC.
ATTN: ROBERT JOHNSON
7010 LITTLE RIVER TURNPIKE, SUITE 335
ANNANDALE, VA 22003

SUBJECT: CCI, INC.
Ref. Number: W12000029703

We have received your document for CCI, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name that you have chosen is not available. Please select a new name.

The registered agent must sign accepting the designation.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 712A00015538



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12 MAY 29 PM 4:50

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2012

CENTRALCARE, INC.
ATTN: ROBERT JOHNSON
7010 LITTLE RIVER TURNPIKE, SUITE 335
ANNANDALE, VA 22003

SUBJECT: CENTRALCARE, INC.
Ref. Number: W12000026845

We have received your document for CENTRALCARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The entity's date of incorporation/organization must be listed in the document.

The registered agent must sign accepting the designation.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 512A00014345

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

CentralCare Nursing, Inc.

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

2. Virginia 3. 54-1939041
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/9/99 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 4/25/12
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7010 Little River Turnpike, Suite 335
(Principal office address)

Annandale, VA 22003

(Current mailing address)

8. to provide healthcare services
(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, Florida 33324
(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.

C T Corporation System

By: _____



(Registered agent's signature)

Rhannon Lawler
Vice President
and 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 JUN 28 AM 10:13
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DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: Krystle Okoye

Address: 7010 Little River Turnpike, Suite 335

Annandale, VA 22003

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Krystle Okoye

Address: 7010 Little River Turnpike, Suite 335

Annandale, VA 22003

Vice President: Larry Okoye

Address: 7010 Little River Turnpike, Suite 335

Annandale, VA 22003

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. Krystle Okoye

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

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DIVISION OF CORPORATIONS
12 JUN 28 AM 10:13

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That CENTRALCARE, INCORPORATED is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is April 9, 1999;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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*Signed and Sealed at Richmond on this Date:
May 24, 2012*

Joel H. Peck

Joel H. Peck, Clerk of the Commission