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Florida Department of State  
Division of Corporations  
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Email Address: transitionspliativehealthcare@yahoo.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Transitions Palliative Health Care, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 11/13

Fax Audit # H120002081763

# 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. Transitions Palliative Health Care, 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. Delaware

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

3. 46 115 7217

(FEI number, if applicable)

4. 10/8/2012

(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. 92300 Overseas Hwy, Suite 308, Tavernier, Florida 33070

(Principal office address)

92300 Overseas Hwy, Suite 308, Tavernier, Florida 33070

(Current mailing address)

8. All lawful business

(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: Business Filings Incorporated

Office Address: 515 E. Park Avenue,

Tallahassee, Florida 32301

(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.*

Mark Williams

Mark Williams, AVP, Business Filings Incorporated

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

## A. DIRECTORS

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

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

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

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

Director: William Tabbert

Address: 92300 Overseas Hwy, Suite 308, Tavernier, Florida 33070

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

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

## B. OFFICERS

President: William Tabbert

Address: 92300 Overseas Hwy, Suite 308, Tavernier, Florida 33070

Vice President: Gina Hutchings

Address: 92300 Overseas Hwy, Suite 308, Tavernier, Florida 33070

Secretary: Tama Hamburg

Address: 92300 Overseas Hwy, Suite 308, Tavernier, Florida 33070

Treasurer: William Tabbert

Address: 92300 Overseas Hwy, Suite 308, Tavernier, Florida 33070

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Tama Hamburg  
(Signature of Director or Officer listed in number 12 of the application)14. TAMA HAMBURG, Secretary  
(Typed or printed name and capacity of person signing application)FILED  
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# Delaware

*The First State*

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSITIONS PALLIATIVE HEALTH CARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9950688

DATE: 10-31-12