

F13000002609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

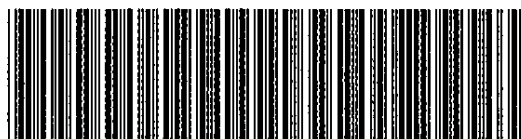
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/14/13--01002--012 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 6/17

WILLIAMS MULLEN

Direct Dial: 757.473.5436
wchappell@williamsmullen.com

June 12, 2013

File No: 063393.0005

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Persante Continuing Care, Inc.
Florida Authorization to Transact Business

Dear Sir or Madam:

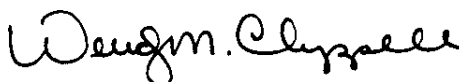
Please file the enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida for the above referenced corporation.

Enclosed is our firm's check in the amount of \$70.00 for cost of filing.

Please return the acknowledgment of filing to my attention as soon as possible.

Should you have questions regarding this matter, please contact me directly (757) 473-5436. Thank you for your assistance with this matter.

Sincerely,



Wendy M. Chappell
Corporate Paralegal

Enclosures

cc: Mr. Michael D. Kaswan (via email w/encl.)
G. Tayloe Gwathmey, Esquire (via email w/encl.)

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NORTH CAROLINA • VIRGINIA • WASHINGTON, D.C.

222 Central Park Avenue, Suite 1700 Virginia Beach, VA 23462-3035 Tel: 757.499.8800 Fax: 757.473.0395
www.williamsmullen.com

TO: New Filing Section
Division of Corporations

Name of corporation - must include suffix

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.

Wendy M. Chappell, Paralegal

Name of Person

Persante Continuing Care, Inc.

Firm/Company

222 Central Park Avenue, Suite 1700

Address

Virginia Beach, VA 23462

City/State and Zip code

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

Wendy M. Chappell, Paralegal

at (757) 473-5436

Name of Person

Area Code & Daytime Telephone Number

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

☒ \$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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Persante Continuing 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. New Jersey

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

3. _____

(FEI number, if applicable)

4. December 20, 1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cense to exist or "perpetual")

6. The company will commence transacting business on filing of this application.

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

7. 130 Gaither Drive, Ste 124, Mt. Laurel, NJ 08054

(Principal office address)

130 Gaither Drive, Ste 124, Mt. Laurel, NJ 08054

(Current mailing address)

8. To provide sleep and respiratory therapy 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

(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.

C T Corporation System

By: _____

(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.

Marc St. Pierre
Vice President and Assistant Secretary

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: George M. Urban

Address: 130 Gaither Drive, Ste 124, Mt. Laurel, NJ 08054

Director: Jonathan E. Earnhardt

Address: 130 Gaither Drive, Ste 124, Mt. Laurel, NJ 08054

B. OFFICERS

President: Eric Harrington

Address: 130 Gaither Drive, Ste 124, Mt. Laurel, NJ 08054

Vice President: James P. LaRusso

Address: 130 Gaither Drive, Ste 124, Mt. Laurel, NJ 08054

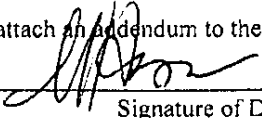
Secretary: James J. Burke

Address: 130 Gaither Drive, Ste 124, Mt. Laurel, NJ 08054

Treasurer: James P. LaRusso

Address: 130 Gaither Drive, Ste 124, Mt. Laurel, NJ 08054

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

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 D. Kaswan, Chief Executive Officer

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

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13 JUN 14 PM 1:07
STATE
TALLAHASSEE, FLORIDA

PERSANTE CONTINUING CARE, INC.

Attachment to Application by Foreign Corporation for Authorization
Transaction Business in Florida

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STATE
TALLAHASSEE
FLORIDA

12 B. ADDITIONAL OFFICERS

NAME	ADDRESS
Michael D. Kaswan, CEO	130 Gaither Drive, Ste 124 Mt. Laurel, NJ 08054

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

PERSANTE CONTINUING CARE, INC.

0100801937

With the Previous or Alternate Name

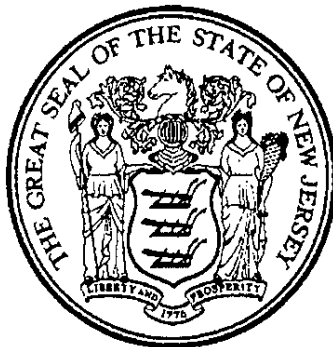
BLACKWOOD MEDICAL, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on December 20, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Eric Harrington
130 Gaither Drive
Suite 136
Mount Laurel, NJ 08054*



Certification# 128571932

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
4th day of June, 2013*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P Sidamon-Eristoff
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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TALLAHASSEE, FLORIDA