

F13000005137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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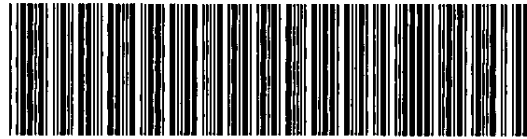
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Heritage Healthcare Services, 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:

LISA DALTON  
Name of Person  
Heritage Healthcare Services, Inc.  
Firm/Company  
1009 Reservoir Avenue  
Address  
Cranston RI 02910  
City/State and Zip code  
lisa@heritagehealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Dalton at ( 401 ) 943-2584  
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

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.

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1. Heritage Healthcare Services, Inc.

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

Heritage Healthcare

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

2. Rhode Island 3. 05-0449828

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

(FEI number, if applicable)

4. Dec 20, 1989 5. Perpetual

(Date of incorporation)

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

6. December 9, 2003

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

7. 1009 Reservoir Avenue Cranston, RI 02910

(Principal office address)

Same

(Current mailing address)

8. Service Provider to Nursing Homes and long-term care facilities.

(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:

Sierra Burns

Sierra Burns

Vice President & Assistant Secretary

(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.

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

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A. DIRECTORS

Chairman: \_\_\_\_\_ 13 NOV 26 PM 1:14

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

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

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

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

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

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

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

B. OFFICERS

President: GERARD J. Hainse

Address: 46 Thornton Way

N. Kingstown, RI 02852

Vice President: Brian T. Hainse

Address: 27 Preservation Drive

Saunderstown, RI 02874

Secretary: GERARD J. Hainse

Address: same as above

Treasurer: Brian T. Hainse

Address: same as above

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. GERARD J. Hainse, President

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



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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Certification Number: 13110029740

The office of the Secretary of State of the State of Rhode Island and Providence Plantations,  
HEREBY CERTIFIES, that

Heritage Healthcare Services, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on

December 20, 1989

Effective

December 20, 1989

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing  
under and by virtue of the State of Rhode Island.

SIGNED AND SEALED ON

Thursday, November 14, 2013

Secretary of State

Authorized Agent

