

F14000000063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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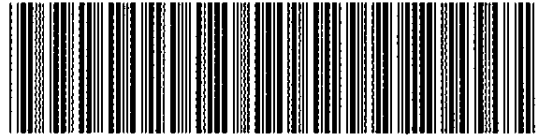
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2014 JAN -3 AM 9:08

1/4



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 949356 7864759

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : January 3, 2014

ORDER TIME : 3:56 PM

ORDER NO. : 949356-005

CUSTOMER NO: 7864759

FOREIGN FILINGS

NAME: LIFE CARE HOME HEALTH, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**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. Life Care Home Health, 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. Tennessee

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

3. 62-1673557

(FEI number, if applicable)

4. 2-13-1997

(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. 3570 Keith Street, NW - Cleveland, TN 37312

(Principal office address)

3570 Keith Street, NW - Cleveland, TN 37312

(Current mailing address)

8. Home Health 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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

32301

(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.*

Corporation Service Company

By: 

(Registered agent's signature)

**Sue G. Knight**  
Assistant Vice President

2014 JAN - 3 AM 9:00  
FLORIDA  
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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:

**A. DIRECTORS**

Chairman: Forrest L. Preston

Address: 3570 Keith Street, NW

Cleveland, TN 37312

Vice Chairman: Sr. Vice President: Chris Mitchell

Address: 3570 Keith Street, NW

Cleveland, TN 37312

Director: Forrest L. Preston

Address: 3570 Keith Street, NW

Cleveland, TN 37312

Director: JoAnna Crooks

Address: 3570 Keith Street, NW

Cleveland, TN 37312

**B. OFFICERS**

President: Forrest L. Preston

Address: 3570 Keith Street, NW

Cleveland, TN 37312

Vice President: Sr. Vice President: Chris Mitchell

Address: 3570 Keith Street, NW

Cleveland, TN 37312

Secretary: JoAnna Crooks

Address: 3570 Keith Street, NW - Cleveland, TN 37312

Treasurer: J. Stephen Ziegler

Address: 3570 Keith Street, NW - Cleveland, TN 37312

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. Cindy S. Cross, Assistant Secretary

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

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**EXHIBIT "A"**

**Life Care Home Health, Inc.  
3570 Keith Street, NW  
Cleveland, TN 37312**

**Board of Directors**

Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
JoAnna Crooks	3570 Keith Street, NW	Cleveland, TN 37312
Chris Mitchell	3570 Keith Street, NW	Cleveland, TN 37312
Aaron D. Webb	3570 Keith Street, NW	Cleveland, TN 37312
Steve Ziegler	3570 Keith Street, NW	Cleveland, TN 37312

**Officers**

**Chairman/President:**

Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
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**Executive Vice President:**

Aaron D. Webb	3570 Keith Street, NW	Cleveland, TN 37312
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**Senior Vice President:**

Chris Mitchell	3570 Keith Street, NW	Cleveland, TN 37312
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**Secretary:**

JoAnna Crooks	3570 Keith Street, NW	Cleveland, TN 37312
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**Treasurer:**

Steve Ziegler	3570 Keith Street, NW	Cleveland, TN 37312
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**Chief Tax Officer:**

Richard Swanker	3570 Keith Street, NW	Cleveland, TN 37312
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**Assistant Secretary**

Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
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**Assistant Secretary:**

Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312
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STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

MIRANDA FOSS  
MIRANDA FOSS  
2711 CENTERVILLE RD  
WILMINGTON, DE 19808

January 3, 2014

Request Type: Certificate of Existence/Authorization  
Request #: 0117207

Issuance Date: 01/03/2014  
Copies Requested: 1

Document Receipt

Receipt #: 1253950 Filing Fee: \$22.25  
Payment-Credit Card - State Payment Center - CC #: 153693833 \$22.25

Regarding: LIFE CARE HOME HEALTH, INC.  
Filing Type: Corporation For-Profit - Domestic  
Formation/Qualification Date: 02/13/1997  
Status: Active  
Duration Term: Perpetual  
Business County: BRADLEY COUNTY

Control #: 325515  
Date Formed: 02/13/1997  
Formation Locale: TENNESSEE  
Inactive Date:

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CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

LIFE CARE HOME HEALTH, INC.

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent corporation annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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