

Division of Corporations

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Florida Department of State  
Division of Corporations  
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Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
RESCARE BEHAVIOR SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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**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. ResCare Behavior Services, 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.**

(FEI number, if applicable)

**4. 02/26/1996**

(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. 9901 Linn Station Road, Louisville, KY 40223**

(Principal office address)

9901 Linn Station Road, Louisville, KY 40223

(Current mailing address)

**8. Mental Health Counseling**

(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:

*Kristin Bolden*

Kristin Bolden  
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.**

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

**A. DIRECTORS**

Chairman: Patrick Kelley

Address: 9901 Linn Station Road, Louisville, KY 40223

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

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

Director: Donald Ross Davison

Address: 9901 Linn Station Road, Louisville, KY 40223

Director: Michael J. Reibel

Address: 9901 Linn Station Road, Louisville, KY 40223

**B. OFFICERS**

President: Patrick Kelley

Address: 9901 Linn Station Road, Louisville, KY 40223

Vice President: Michael J. Reibel

Address: 9901 Linn Station Road, Louisville, KY 40223

Secretary: Steven S. Reed Secretary

Address: 9901 Linn Station Road, Louisville, KY 40223

Treasurer: Donald Ross Davison

Address: 9901 Linn Station Road, Louisville, KY 40223

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

13. Steven S. Reed

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. Steven S. Reed/Secretary

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

***ResCare Behavior Services, Inc.***  
***Directors and Officers***

<b><i>Name (Last, First Middle)</i></b>	<b><i>Title</i></b>	<b><i>Business Address</i></b>		
<b>Davison, Donald Ross</b>	<b>Director, Treasurer &amp; Assistant Secretary</b>	<b>9901 Linn Station Road</b>		
		<b>Louisville</b>	<b>KY</b>	<b>40223</b>
<b>Kasley, Patrick</b>	<b>Director &amp; President</b>	<b>9901 Linn Station Road</b>		
		<b>Louisville</b>	<b>KY</b>	<b>40223</b>
<b>Rebel, Michael J.</b>	<b>Director &amp; Vice President</b>	<b>9901 Linn Station Road</b>		
		<b>Louisville</b>	<b>KY</b>	<b>40223</b>
<b>Fisher, Kevin G.</b>	<b>Assistant Treasurer</b>	<b>9901 Linn Station Road</b>		
		<b>Louisville</b>	<b>KY</b>	<b>40223</b>
<b>Reed, Steven S.</b>	<b>Secretary</b>	<b>9901 Linn Station Road</b>		
		<b>Louisville</b>	<b>KY</b>	<b>40223</b>

# Delaware

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## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESCARE BEHAVIOR SERVICES, 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 MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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140404678

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: 1252668

DATE: 03-31-14