

F14000003012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

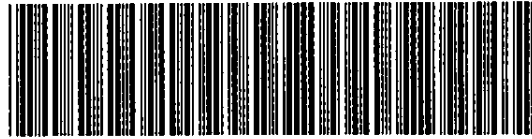
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-40801

Office Use Only



600261807316

06/30/14--01023--017 **87.50

14 JUL 14 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

W14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Caring Medical and Rehabilitation Services, S.C.

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:

JASON R. MAUGHAN, ESQ.

Name of Person

LAW OFFICES OF JASON R. MAUGHAN, P.A.

Firm/Company

1101 PERIWINKLE WAY, SUITE 103

Address

SANIBEL, FL 33957

City/State and Zip code

jrm@sanibellaw.com

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

For further information concerning this matter, please call:

JASON R. MAUGHAN at **(239) 472-2424**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2014

JASON R. MAUGHAN, ESQ.
LAW OFFICES OF JASON R. MAUGHAN, P.A.
1101 PERIWINKLE WAY, SUITE 103
SANIBEL, FL 33957

SUBJECT: CARING MEDICAL & REHABILITATION SERVICES, S.C.
(SERVICE CORPORATION)
Ref. Number: W14000040801

We have received your document for CARING MEDICAL & REHABILITATION SERVICES, S.C. (SERVICE CORPORATION) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's date of incorporation/organization must be listed in the document.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 114A00014247

**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. CARING MEDICAL & REHABILITATION SERVICES, S.C., CORPORATION

(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. State of Illinois 3. 36-3773687
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 18, 1991 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 9738 Commerce Center Court, Unit "A", Fort Myers, FL. 33908
(Principal office address)
9738 Commerce Center Court, Unit "A", Fort Myers, FL. 33908
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Marion Hauser

Office Address: 9738 Commerce Center Court, Unit "A"

Fort Myers, Florida 33908
(City) (Zip code)

9. 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.



(Registered agent's signature)

10. 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.

14 JUL 14 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

APPROVED
AND
FILED

A. DIRECTORS

Chairman: _____ 14 JUL 14 PM 5:06

Address: _____
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ross A. Hauser

Address: 330 Cowry Court
Sanibel, FL. 33957

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

Signature of Director or Officer

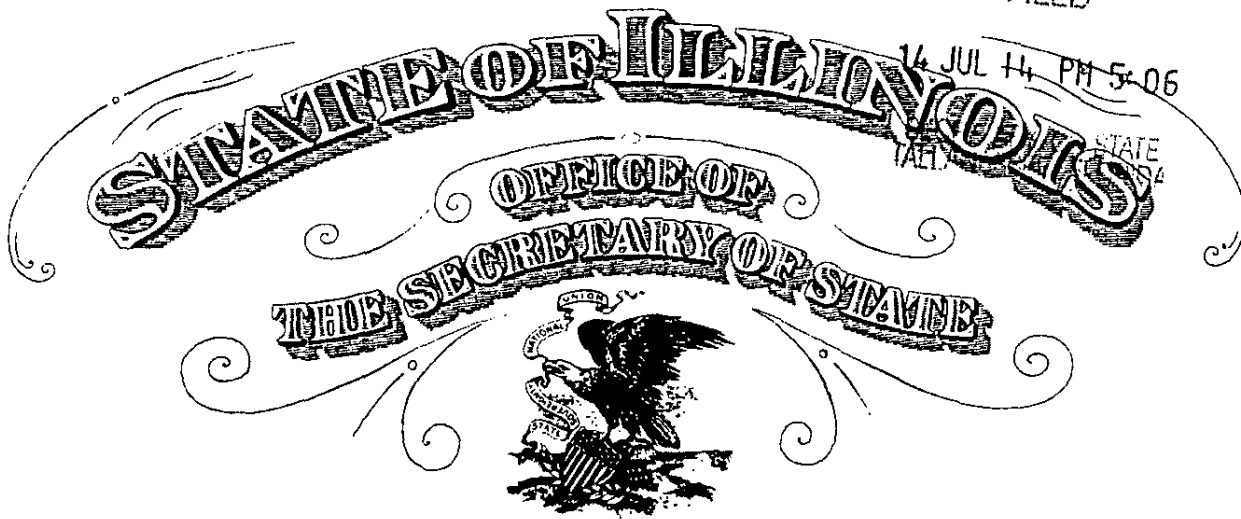
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Ross A. Hauser, M.D. President Ross A. Hauser M.D.

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

File Number 5643-552-2

APPROVED
AND
FILED



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CARING MEDICAL & REHABILITATION SERVICES, S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 18, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of JUNE A.D. 2014 .

Jesse White

Authentication #: 1417001786

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE