

S 14 10:15AM
DIVISION OF CORPORATIONS
F 14

No. 000003881
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : ADVENTIST HEALTH SYSTEM
Account Number : I20050000005
Phone : (407) 357-2333
Fax Number : (407) 357-2717

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Sarah.Sneath@AHSS.org
* 407-357-2333 *

Tele

FOREIGN PROFIT/NONPROFIT CORPORATION
West Florida Health Home Care, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	
Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 15 PM 4:06

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Electronic Filing Menu

Corporate Filing Menu

Help

9/15/14

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: West Florida Health Home Care, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sarah Sneath

Name of Person

Adventist Health System

Firm/Company

900 Hope Way

Address

Altamonte Springs, FL 32714

City/State and Zip Code

sarah.sneath@ahss.org

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tamara L. Trimble

Name of Person

at (407) 357-2304

Area Code & Daytime Telephone Number

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

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- ☐ \$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

Sep. 15. 2014 10:18AM

No. 0018 P. 16

TL Needs to Sign
#14

Affidavit from previous
owner

September 5, 2014

ADVENTIST HEALTH SYSTEM

SUBJECT: WEST FLORIDA HEALTH HOME CARE, INC.
REF: W14000054235

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The affidavit must be signed by an officer or director from the dissolved corporation.

Attached

See #6

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call



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September 4, 2014

Maryanne Dickey, Regulatory Specialist III
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: West Florida Health Home Care, Inc.

Dear Ms. Dickey:

Please accept this letter in follow up to an exchange of emails on August 20 between yourself and Sarah Sneath, Corporate Information Analyst with the Legal Services Department of Adventist Health System.

We are enclosing with this letter, our refiling of an Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida on behalf of West Florida Health Home Care, Inc., a Georgia nonprofit corporation (Ga Control Number 0051801). This refiling was necessitated because of miscommunication that led to the formation of a domestic not for profit corporation on August 5, 2014 under the name of West Florida Health Home Care, Inc., which earlier this week we were successful in having dissolved (Document Number N14000007284).

Adventist Health System is an owner of both the Florida dissolved not for profit corporation and the Georgia nonprofit corporation.

Should any further information be required, please give us a call at 407-357-2304 (direct dial).

Sincerely,

A handwritten signature in black ink, appearing to read "Tamara L. Trimble", written over a horizontal line.

Tamara L. Trimble, Vice President
Legal Services

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TALLAHASSEE, FLORIDA

AFFIDAVIT

I, Lewis Seifert, swear or affirm,

1. That my name is Lewis Seifert and I am over eighteen years of age.
2. That I am a duly appointed director of West Florida Health Home Care, Inc., a Florida not-for-profit corporation (Document # N14000007284).
3. That I, along with all other members of the Board of Directors of West Florida Health Home Care, Inc., executed a written consent authorizing the voluntary dissolution of West Florida Health Home Care, Inc.
4. That I understand that the Florida Not for Profit Corporation Act permits West Florida Health Home Care, Inc. to revoke its dissolution, provided said revocation occurs at any time prior to the expiration of 120 days following September 2, 2014.
5. That this Affidavit is provided to the Department of Corporations of the Florida Secretary of State for the purposes of confirming that West Florida Health Home Care, Inc. will not revoke its dissolution.
6. That West Florida Health Home Care, Inc. has no corporate officers.

FURTHER saith not:

I swear and affirm that the above and foregoing representations are true and correct to the best of my information, knowledge and belief.

September 9, 2014
Date

Lewis Seifert
Lewis Seifert, Director

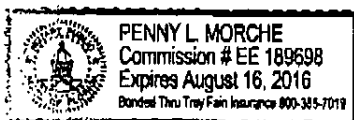
STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 9th day of September, 2014, who is personally known to me or who has produced employee i.d. as identification.

Penny L. Morche
Notary

Penny L. Morche
Print Name of Notary

August 16, 2016
Commission #



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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. West Florida Health Home Care, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Georgia **3. 59-3686109**
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. November 27, 2000 **5. Perpetual**
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6.
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 14055 Riveredge Drive, Suite 250, Tampa, Florida 32540
(Principal office address)

900 Hope Way, Altamonte Springs, Florida 32714
(Current mailing address)

8. Home Health Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: **Tamara L. Trimble**

Office Address: **900 Hope Way**

Altamonte Springs, Florida **32714**
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.


(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 addresses of officers and/or directors

A. DIRECTORS

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Chairman: N/A

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address: _____

Vice Chairman: N/A

Address: _____

Director: Tamara L. Trimble

Address: 900 Hope Way

Altamonte Springs, Florida 32714

Director: _____

Address: _____

B. OFFICERS

President: N/A

Address: _____

Vice President: N/A

Address: _____

Secretary: Tamara L. Trimble

Address: 900 Hope Way, Altamonte Springs, Florida 32714

Treasurer: _____

Address: _____

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Tamara L. Trimble, Director and Secretary

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

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STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0051801
DATE INC/AUTH/FILED : November 27, 2000
JURISDICTION : Georgia
PRINT DATE : September 11, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

WEST FLORIDA HEALTH HOME CARE, INC.
A Domestic Non-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: P. Kemp

Brian P. Kemp
Secretary of State

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TALLAHASSEE, FLORIDA

Tracking #: faJSLNJy

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