

**F14000004108**

Florida Department of State  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
PALM HEALTHCARE COMPANY, INC.**

Certificate of Status	0
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*MD 10/1*

**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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STATE DEPARTMENT OF STATE  
ALL INFORMATION CONTAINED  
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DATE 09-23-2014 BY 60322 UCBAW

**1. Palm Healthcare Company, 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** **3. 20-0708322**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

**4. 09/23/2014** **5. Perpetual**  
(Date of incorporation) (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. 1177 George Bush Blvd, Ste 400, Delray Beach, FL 33483**  
(Principal office address)

**1177 George Bush Blvd, Ste 400, Delray Beach, FL 33483**  
(Current mailing address)

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

Name: **NRAI Services, Inc.**

Office Address: **1200 S. Pine Island Road**  
**Plantation**, Florida **33324**  
(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.**

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

A. DIRECTORS

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

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

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

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

Director: **Peter Harrigan**

Address: **1177 George Bush Blvd, Ste 400, Delray Beach, FL 33483**

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

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

B. OFFICERS

President: **Peter Harrigan**

Address: **1177 George Bush Blvd, Ste 400, Delray Beach, FL 33483**

Vice President: \_\_\_\_\_

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

Secretary: **Doris Harrigan**

Address: **1177 George Bush Blvd, Ste 400, Delray Beach, FL 33483**

Treasurer: \_\_\_\_\_

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

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

12. **SEE ATTACHED EXHIBIT "A" FOR SIGNATURE OF DIRECTOR**

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. **Peter Harrigan, Director**

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

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STATE OF FLORIDA  
DEPARTMENT OF STATE

EXHIBIT A

DIRECTOR:

  
PETER H. MORGAN

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ALLIANCE FOR FLORIDA

# Delaware

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*The First State*

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALM HEALTHCARE COMPANY, 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM HEALTHCARE COMPANY, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2014.

5608654 8300

141236763

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: 1740502

DATE: 09-30-14