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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

Apria Healthcare Group Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

8/17/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APRIA HEALTHCARE GROUP INC.

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:

Carolyn Borgmeyer

Name of Person

Apria Healthcare

Firm/Company

26220 Enterprise Court

Address

Lake Forest, CA 92630

City/State and Zip code

carolyn.borgmeyer@apria.com

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

For further information concerning this matter, please call:

Carolyn Borgmeyer

at (949) 639-4423

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

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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. APRIA HEALTHCARE GROUP 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. 33-0488566
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 17, 1991 5. _____
(Date of incorporation) (Date of duration, if other than 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. 26220 Enterprise Court, Lake Forest, CA 92630
(Principal office address)

(Current mailing address, if different)

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

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, FL 33324, Florida _____
(City) (Zip code)

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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.

NRAI Services, Inc.

By: _____

(Registered agent's signature)

Michael E. Jones
Assistant Secretary

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: John G. Figueroa
Address: 26220 Enterprise Court
Lake Forest, CA 92630

Vice Chairman: _____
Address: _____

Director: Norman C. Payson, M.D.
Address: 26220 Enterprise Court
Lake Forest, CA 92630

Director: Neil P. Simpkins
Address: 26220 Enterprise Court
Lake Forest, CA 92630

B. OFFICERS

President: Daniel J. Starck, Chief Executive Officer
Address: 26220 Enterprise Court
Lake Forest, CA 92630

Secretary: Raoul Smyth, Executive Vice President and Secretary
Lake Forest, CA 92630

Secretary: Raoul Smyth, Executive Vice President and Secretary
Address: 26220 Enterprise Court, Lake Forest, CA 92630

Treasurer: Debra L. Morris, Executive Vice President and Chief Financial Officer
Address: 26220 Enterprise Court, Lake Forest, CA 92630

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 11 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. Raoul Smyth, Executive Vice President and Secretary
(Typed or printed name and capacity of person signing application)

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ADDENDUM TO
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

Section 11.A. Directors (Continued)

Daniel J. Starck
26220 Enterprise Court
Lake Forest, CA 92630

Justin Sunshine
26220 Enterprise Court
Lake Forest, CA 92630

Mike S. Zafirovski
26220 Enterprise Court
Lake Forest, CA 92630

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APRIA HEALTHCARE GROUP 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 FIFTEENTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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You may verify this certificate online at corp.delaware.gov/authver.html


Jeffrey W. Bullock, Secretary of State

Authentication: 202830228

Date: 08-15-16