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## FOREIGN PROFIT/NONPROFIT CORPORATION

The Viscardi Center, Inc.

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

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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:

The Viscardi Center, 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.)

New York		3. 11-1814883		
(State or country	under the law of which it is incorporated	) (FEI number, if applicable)		
8/10/	1955	5. perpetual		
(Date	of Incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")	
15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u> </u>	See sections 617.1501 & 617.1502; F:S, to determin		
Jate first conducted	affairs in Florida if prior to registration.	See sections 617.1501 & 617.1502; F.S., to determin	e penalty liabili	
201 I.U. Willets Ro	ad, Albertson, NY 11507			
······································	(Princip	al office address)		
201 I.U. Willets Ro	ad, Albertson, NY 11507			
	(Curre	nt mailing address)	<u> </u>	
Documentation ren	ediation services for aging/visual and p	shysically disabled individuals		
Purpose(s) of corpo	ration authorized in home state or count	try to be carried out in the state of Florida)		
Name and <u>street a</u>	ddress of Florida registered agent: (	P.O. Box <u>NOT</u> acceptable)	ASS.	
Name:	C T Corporation System		ີ່ ທີ່ [] ເກ	
C 4 11	1200 South Pine Island Road		212月 第213	
nce Address:				
fice Address:	Plantation	Florida 33324		

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 **Brian Mueller** (Registered agent's signature) Assistant Secretary By::

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.

12. Names and addresses of officers and/or directors

## A. DIRECTORS

.

Chairman:	-	
Address:	-	
Vice Chairman:	-	
Address:	-	
Director:	-	
Address:		
	-	
Director:	•	
Address:	•	
B. OFFICERS	-	
President:		
The Viscardi Center, Inc.	<b></b>	
201 I.U. Willets Road, Albertson, NY 11507	۹ ر	
Vice President: (Executive Vice President and CFO) Sheryl P. Buchel	Ĩ	<b>11</b>
Address:	-	n.
201 LTJ William Dood Alberton NV 11507	ŝ	J
Secretary:	5	
The Viscardi Center, Inc., 201 I.U. Willets Road, Albertson, NY 11507 Address:		
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)		
Shervi P. Bushel, Evenutive VP/CEO/Secretary of The Viscardi Center, Inc.		
14. (Typed or printed name and capacity of person signing application)		

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THE VISCARDI CENTER, INC. was filed on 08/10/1955, under the name of HUMAN RESOURCES CORPORATION, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A certificate changing name to HUMAN RESOURCES FOUNDATION was filed on 09/23/1959.

A certificate changing name to HUMAN RESOURCES was filed on 04/20/1964.

A certificate changing name to HUMAN RESOURCES CENTER was filed on 12/30/1966.

A Certificate of Amendment was filed on 05/29/1967.

A Certificate of Amendment was filed on 09/08/1972.

A Certificate of Amendment was filed on 12/30/1983.

A certificate changing name to THE NATIONAL CENTER FOR DISABILITY SERVICES, INC. was filed on 05/03/1991.

A certificate changing name to THE VISCARDI CENTER, INC. was filed on 04/05/2013.

I further certify that no other documents have been filed by such corporation.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of January two thousand and nineteen.

Whitney Clark

Whitney Clark Deputy Secretary of State

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