

F19000001215

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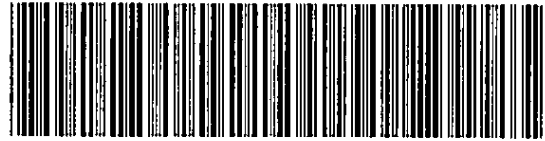
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19 MAR 11 PM 12:54
CLERK OF DISTRICT COURT
JANUARY 12, 2019

O. SIMMONS

MAR 14 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2019

CHARLES STRAUB, ESQ
6801 LAKE WORTH RD, STE 106
LAKE WORTH, FL 33467

SUBJECT: CHRYSALIS HEALTH CARE, INC.
Ref. Number: W19000015556

We have received your document for CHRYSALIS HEALTH CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return 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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 819A00003383

RECEIVED

MAR 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chrysalis Health 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:

Charles D. Straub, Esq.

Name of Person

Charles D. Straub, P.A.

Firm/Company

6801 Lake Worth Road, Suite 106

Address

Lake Worth, FL 33467

City/State and Zip Code

cds@straublaw.net

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

For further information concerning this matter, please call:

Charles D. Straub

at (

561

)
Area Code

223-2262

Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

**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. Chrysalis Health 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. State of Ohio

(State or country under the law of which it is incorporated)

3.

FL Tax EXEMPTION # 85-802583701C-4

EIN # 31-1423931

(FEI number, if applicable)

4. December 29, 1994

(Date of Incorporation)

5.

(Date of duration, if other than 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. 5300 Hamilton Avenue, Suite 606, Cincinnati, Ohio 45224

(Principal office street address)

(Current mailing address, if different)

8. To Assist OLDER, DISABLED Homeless Adults + Families Maximize
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) their optimal

level of function.

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

Name: Charles D. Straub

Office Address: 6801 Lake Worth Road, Suite 106

Lake Worth

(City)

Florida 33467

(Zip Code)

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS-

☐Chairman Name: Diane Seiwert
☐Vice Chairman Address: 5300 Hamilton Avenue
☐Director Unit 606
☐President Cincinnati, Ohio 45224
☐Vice President _____
☐Secretary _____ ☐Treasurer _____
☒Other: TRUSTEE ☐Other: _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary _____ ☐Treasurer _____
☐Other: _____ ☐Other: _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary _____ ☐Treasurer _____
☐Other: _____ ☐Other: _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary _____ ☐Treasurer _____
☐Other: _____ ☐Other: _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary _____ ☐Treasurer _____
☐Other: _____ ☐Other: _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary _____ ☐Treasurer _____
☐Other: _____ ☐Other: _____

19 APR 11 PM 12:54
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Diane Seiwert, RN, MSN, ARNP, for Chrysalis Health Care, Inc.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Diane Seiwert, RN, MSN, ARNP, for Chrysalis Health Care, Inc.
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CHRYSALIS HEALTH CARE, INC., an Ohio not for profit corporation, Charter No. 891979, having its principal location in Cincinnati, County of Hamilton, was incorporated on December 29, 1994 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 10th day of January, A.D. 2019.*

Jon Husted

Ohio Secretary of State