

5/21/2021

Division of Corporations

F2100002893

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

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Account Number : FCA000000023
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FOREIGN PROFIT/NONPROFIT CORPORATION**Trinity Home Health Services Incorporated**

Certificate of Status	0
Certified Copy	1
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5/27/21

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. TRINITY HOME HEALTH SERVICES

(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.)

HOLY CROSS HOME HEALTH, INC.

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

2. MICHIGAN

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

3. 38-2621935

(FEI number, if applicable)

4. 10/03/1985

(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. 20555 VICTOR PARKWAY, LIVONIA, MICHIGAN 48152

(Principal office street address)

(Current mailing address, if different)

8. OWNS AND OPERATES HOME HEALTH AGENCIES

(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: C.T. CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(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.

Stephanie Henz

Stephanie Henz - Assistant Secretary of C.T. Corporation System

(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: MARK MCPHERSON
☐ Vice Chairman Address: 20555 VICTOR PARKWAY
☐ Director LIVONIA, MI 49152 USA
☒ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: ARTHUR HENKEL
☒ Vice Chairman Address: 20555 VICTOR PARKWAY
☒ Director LIVONIA, MI 49152 USA
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: LEJON POOLE
☐ Vice Chairman Address: 20555 VICTOR PARKWAY
☒ Director LIVONIA, MI 49152 USA
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: MANDI MURRAY
☐ Vice Chairman Address: 20555 VICTOR PARKWAY
☐ Director LIVONIA, MI 49152 USA
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: THOMAS CORNWELL
☐ Vice Chairman Address: 20555 VICTOR PARKWAY
☒ Director LIVONIA, MI 49152 USA
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JOANNE HANDY
☐ Vice Chairman Address: 20555 VICTOR PARKWAY
☒ Director LIVONIA, MI 49152 USA
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

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. Mandi Murray
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
Mandi Murray, Secretary
 14. _____
 (Typed or printed name and capacity of person signing application)

Trinity Home Health Services Incorporated**Additional Directors / Officers:****Address:**

John Capasso, Director

20555 Victor Parkway Livonia, MI 41952

Beverly Jones, Director

20555 Victor Parkway Livonia, MI 41952

William Minnix, Director

20555 Victor Parkway Livonia, MI 41952

Ann Marie Tag, RSM, Director

20555 Victor Parkway Livonia, MI 41952

Marjorie Tapia, RSM, Director

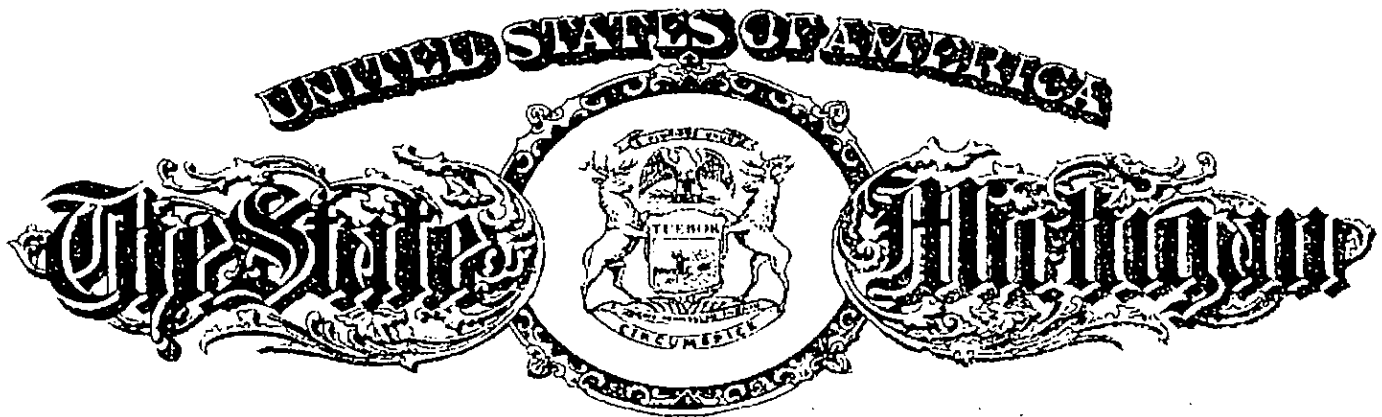
20555 Victor Parkway Livonia, MI 41952

Antonia Villarruel, Director

20555 Victor Parkway Livonia, MI 41952

DeWayne Wells, Director

20555 Victor Parkway Livonia, MI 41952



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

TRINITY HOME HEALTH SERVICES

was validly incorporated on October 3, 1985 as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 29th day of April, 2021.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 21040771408

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.