

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA002000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

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RECEIVED
 2023 SEP 15 AM 10:17
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLahassee, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION NURSING ABC, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

APPROVED
 AND
 FILED
 2023 SEP 15 PM 3:23
 TALLahassee, FLORIDA

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. NURSING ABC, 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. PA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/16/2005 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. 2521 Darlington Rd, Beaver Falls, PA, 15010
(Principal office street address)

2521 Darlington Rd, Beaver Falls, PA, 15010
(Current mailing address, if different)

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

Name: C T Corporation System

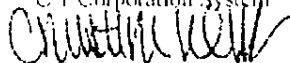
Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

2023 SEP 15 PM 3:23
FILED
APPROVED AND FILED

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.

C T Corporation System
By:  **Christine Kelm**
Assistant Secretary
(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. 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: STEPHEN MICHALIK
 Vice Chairman Address: 2521 Darlington Rd
 Director Beaver Falls, PA, 15010
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: JEFFREY FRANCONA
 Vice Chairman Address: 2521 Darlington Rd
 Director Beaver Falls, PA, 15010
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

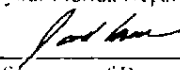
Chairman Name: KENNETH HARTMAN
 Vice Chairman Address: 2521 Darlington Rd
 Director Beaver Falls, PA, 15010
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: DEE HARTMAN
 Vice Chairman Address: 2521 Darlington Rd
 Director Beaver Falls, PA, 15010
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: LISBETH MICHALIK
 Vice Chairman Address: 2521 Darlington Rd
 Director Beaver Falls, PA, 15010
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: NATHAN HARTMAN
 Vice Chairman Address: 2521 Darlington Rd
 Director Beaver Falls, PA, 15010
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

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.

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. Jared Williams - Officer
(Typed or printed name and capacity of person signing application)

NURSING ABC, INC. Attachment

Title	Director	Name	Address
President	Yes	STEPHEN MICHALIK	2521 Darlington Rd, Beaver Falls, PA, 15010 - 7112, USA
VP OF FINANCE	No	JEFFREY FRANCONA	2521 Darlington Rd, Beaver Falls, PA, 15010 - 7112, USA
	Yes	KENNETH HARTMAN	2521 Darlington Rd, Beaver Falls, PA, 15010 - 7112, USA
	Yes	DEE HARTMAN	2521 Darlington Rd, Beaver Falls, PA, 15010 - 7112, USA
	Yes	LISBETH MICHALIK	2521 Darlington Rd, Beaver Falls, PA, 15010 - 7112, USA
	Yes	NATHAN HARTMAN	2521 Darlington Rd, Beaver Falls, PA, 15010 - 7112, USA
	Yes	KARA HARTMAN	2521 Darlington Rd, Beaver Falls, PA, 15010 - 7112, USA

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: NURSING ABC, INC.
Request Type: Subsistence Certificate **Issuance Date:** September 05, 2023
Request No.: 021625213 **File No.:** 0003308117
Receipt No.: 000674491
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: May 16, 2005
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

NURSING ABC, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov