

Document Number only
F9500000 1131

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, etc. 200
Address
Tallahassee, FL 32301 (904) 656-0290
City State Zip Phone

CORPORATION(S) NAME

Hospice of Tallahassee Health
Services, Inc.

☒ Profit
☐ NonProfit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Restatement

☐ Reservation

☐ Change of H.A.

☐ Certified Copy

☐ Photo Copies

☐ Fictitious Name

☐ CUS / G/S

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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. Hospice of Integrated Health Services, Inc.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," 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.)
2. Delaware
(State or country under the law of which it is incorporated)
3. February 16, 1993 4. Perpetual
(Date of Incorporation) (Duration)
5. 52-1916154
(Federal Employer Identification number, if applicable)
6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 617.155, F.S.)
7. 10065 Red Run Boulevard, Owings Mills, Maryland 21117
(Current mailing address)

8. Provision of Hospice Services
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

H. Officers:

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

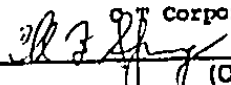
Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Zip Code

11. 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.

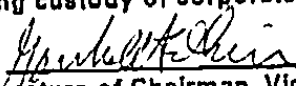
Registered agent's signature:  C T Corporation System

(Officer)

CHARLIE SHAMPANG- ASSISTANT SECRETARY

(Typed Name and Title of Officer)

12. 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.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Marshall A. Elkins, Senior Vice President

(Name and capacity of person signing application)

EXHIBIT A

Directors

Lawrence P. Cirka
Marc B. Levin
Marshall A. Elkins

Officers

Lawrence P. Cirka
David N. Chichester
Dennis A. Cahill
Brian K. Davidson
Marshall A. Elkins

Edward J. Komp

Marc B. Levin

Scott W. Robertson

Gary W. Singleton

C. Christian Winkle

Leslie A. Glew

Michael W. Tan

Address

10065 Red Run Boulev
Owings Mills, MD 21117

Office

President

Senior Vice President - Finance

Senior Vice President - Chief Accounting Officer

Senior Vice President - Development

Senior Vice President and General Counsel;
Secretary

Senior Vice President - Managed Care

Senior Vice President - Investor Relations;
Assistant Secretary

Senior Vice President - Allied Services

Senior Vice President - Strategic Planning and
Medical Specialty Units Development

Senior Vice President - Operations

Assistant Secretary

Assistant Secretary

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
SEP 10 2 01 PM '11

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOSPICE OF INTEGRATED HEALTH SERVICES, 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 SEVENTH DAY OF MARCH, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

RECORDED
STATE
1995-03-07 11:11




Edward J. Freel, Secretary of State

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AUTHENTICATION

7430617

DATE

03-07-95