F95000002243

Document Number on

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, Ste. 200
Address
Tallahassee, FL. 32301 (904) 656-8298
City State Zip Phone

800001461358
-04/20/95--01065--032
*****70.00 *****70.00

W95-8526

CORPORATION(S) NAME

Golden Care, Inc

RECEIVED
95 APR 20 PM 3:03
DIVISION OF CORPORATIONS

(X) Profit
( ) NonProfit
( ) Limited Liability Company
(X) Foreign

( ) Amendment
( ) Dissolution/Withdrawal

( ) Merger
( ) Mark

( ) Limited Partnership
( ) Reinstatement

( ) Annual Report
( ) Reservation

( ) Other
( ) Change of R.A.
( ) Fictitious Name

( ) Certified Copy

( ) Photo Copies

( ) CUS / G/S

( ) Call When Ready
(X) Walk In
( ) Mail Out

( ) Call If Problem
( ) Will Wait

( ) After 4:30
(X) Pick Up

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DIVISION OF CORPORATIONS
95 APR 20 PM 3:03

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00
4/20/95

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

CR2E031 (1-89)

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DIVISION OF CORPORATION

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 20, 1995

CT CORPORATION SYSTEM

SUBJECT: GOLDEN CARE, INC.
Ref. Number: W95000008526

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DIVISION OF CORPORATIONS
95 APR 20 PM 12:38

We have received your document for GOLDEN CARE, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

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 (904) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 095A00018688

Indiana Golden Care.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

CR2E042

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned John M. Brennan, do hereby certify that this Resolution of the Board of Directors of Golden Care, Inc., a corporation duly organized and existing under the laws of the State of Indiana, was duly adopted on April 28, 1995.

Resolved, that Golden Care, Inc. organized and existing in the State of Indiana, hereby adopts the name Indiana Golden Care Inc. for use in Florida.

Dated: 4/28/95

Signature of at least one director
John M. Brennan

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DIVISION OF CORPORATIONS
95 APR 20 PM 12:38

(FLA. - 2091 - 4/5/95)

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. GOLDEN CARE, 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. Indiana
(State or country under the law of which it is incorporated)

3. November 3, 1990
(Date of Incorporation)

4. Perpetual
(Duration)

5. 351812159
(Federal Employer Identification number, if applicable)

6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 2431 DIRECTORS ROW, SUITE G, INDIANAPOLIS, Indiana 46241
(Current mailing address)

8. TO PROVIDE RESPIRATORY SERVICES, MEDICAL SUPPLIES AND MEDICAL GASES IN NURSING FACILITIES AND HOSPITALS.
(Brief description of the nature of the business in which it is engaged in the state of Florida)

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DIVISION OF CORPORATIONS
95 APR 20 PM 12:39

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

A. Directors:

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: See attached list of directors
Address: _____

Director: _____
Address: _____

(FLA.-2189 - 2/1/92)

9. Officers:

President: JOHN M. BRENNAN

Address: 2431 DIRECTORS ROW, SUITE G
INDIANAPOLIS, Indiana 46241

Vice President:

Address:

Secretary: SUSAN R. BIRD

Address: 2431 DIRECTORS ROW, SUITE G
INDIANAPOLIS, Indiana 46241

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.

C T Corporation System

Registered agent's signature:

(Officer)

Asst. Sec.

(Typed Name and Title of Officer)

Jeffrey H. Terry / Asst. Secretary

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. JOHN M. BRENNAN, President
(Name and capacity of person signing application)

(FLA.-2189)

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

Directors of
GOLDEN CARE, INC.

1. TOM R. FUTCH
   2431 DIRECTORS ROW, SUITE G
   INDIANAPOLIS, Indiana 46241

2. SUSAN R. BIRD
   2431 DIRECTORS ROW, SUITE G
   INDIANAPOLIS, Indiana 46241

3. JOHN M. BRENNAN
   2431 DIRECTORS ROW, SUITE G
   INDIANAPOLIS, Indiana 46241

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

GOLDEN CARE, INC.

filed Articles of Incorporation on November 03, 1990, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 20 PM 12:38

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eighteenth day of April, 1995.

SEAL OF THE STATE OF INDIANA 1816

Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State

Deputy

F95000002243

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Golden Care, Inc. EIN or SS#: 35-1812159
Attn. Legal Dept.

Address: 101 Sun Lane NE
Albuquerque, NM 87109

Amount: $225 Date Paid 8-5-96

Reason for claim: F95000002243-duplicate filing of the AR

Certified true and correct this 27th *day of* August, *19* 96.

Signature [signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund $* 225.

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 97562 013 *dated* 8-5-96.

Name of Account _____

4520213000145300000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

4520213000145300000000022002000

Certified true and correct this _____ *day of* _____, *19* ____.

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)

CR2E060(6/95)

F95000002243

CSC THE CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 316188 5020855

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 35.00

ORDER DATE : April 2, 1997

ORDER TIME : 9:53 AM

ORDER NO. : 316188-030

000002132350--6

CUSTOMER NO: 5020855

CUSTOMER: Sue E. Lintott, Legal Asst
The Nathanson Group
1411 Fourth Avenue
Suite 905
Seattle, WA 98101

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97 APR -3 PM 1:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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97 APR -3 AM 10:36
DIVISION OF CORPORATION

FOREIGN FILINGS

NAME: GOLDEN CARE, INC.

XX PROFIT
____ NON-PROFIT

XX CORPORATE
____ LIMITED PARTNERSHIP

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

4/3

Name Change

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I

(1-3 must be completed)

1. GOLDEN CARE, INC., doing business in Florida as INDIANA GOLDEN CARE INC.
   Name of corporation as it appears on the records of the Department of State.

2. Indiana
   Incorporated under the laws of

3. April 20, 1995
   Date authorized to do business in Florida

FILED
97 APR -3 PM 1:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SECTION II

(4-7 complete only the applicable changes)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? March 7, 1997

5. SunCare Respiratory Services, Inc.
   Name of corporation after the amendment, adding suffix "corporation", "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.

6. If the amendment changes the period of duration, indicate new period of duration.

   New Duration

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

   New Jurisdiction

March 24, 1997
Signature Date

Nikki J. Mann
Typed or printed name

Signature Date

Secretary
Title

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

To Whom These Presents Come, Greeting:

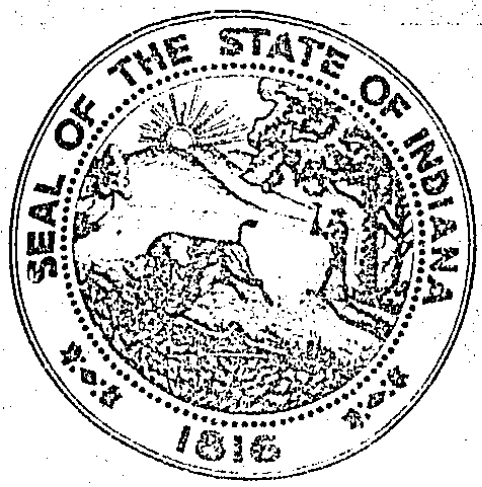
I, Sue Anne Gilroy, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that the records of this office disclose that Restatement of Articles of Incorporation, bearing an approved and filed date of March 7, 1997, were filed, changing the name of the corporation from:

GOLDEN CARE, INC.

to

SUNCARE RESPIRATORY SERVICES, INC.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Tenth day of March, 1997.

Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State

DN
Deputy