

F 95000003680

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone  
904-222-1092

CORPORATION(S) NAME

100001549551  
-07/31/95- -01062--000  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Restore Respiratory Care, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of R.A.
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Fictitious Name
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> CUS/ G/S
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input checked="" type="checkbox"/> Walk In		
<input type="checkbox"/> Mail Out		

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. Restoro Respiratory Care, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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. Georgia

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

3. 58-2156601

(FEI number, if applicable)

4. February 22, 1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 1401 West Paces Ferry Road, #22, Atlanta, Georgia 30327

(Current mailing address)

8. To provide respiratory care services to patients in subacute and long-term care  
settings.  
(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:

Name: C T Corporation System

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

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

(Registered agent's signature) (Officer)

John J. Masters, Assistant Secretary

(Type Name and Title of Officer)

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. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: see attached list of directors

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: see attached list of officers

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *S. Kellott III*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stiles A. Kellott, III, President  
(Typed or printed name and capacity of person signing application)

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

**Directors of  
Restore Respiratory Care, Inc.**

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1. Stiles A. Kellott, III  
1401 West Paces Ferry Road, #2211  
Atlanta, Georgia 30327
2. Rafael Rivera  
1559 Clydesdale Court  
Suwanee, Georgia 30174
3. Kenneth D. Nichols  
1401 West Paces Ferry Road, #2211  
Atlanta, Georgia 30327
4. Douglas P. Nichols  
1401 West Paces Ferry Road, #2211  
Atlanta, Georgia 30327

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 JUL 31 PM 1:35

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

**Officers of  
Restore Respiratory Care, Inc.**

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1. Stiles A. Kellott, III, President  
1401 West Paces Ferry Road, #2211  
Atlanta, Georgia 30327
2. Rafael Rivera, Vice President  
1559 Clydesdale Court  
Suwanee, Georgia 30174
3. Kenneth D. Nichols, Vice President  
1401 West Paces Ferry Road, #2211  
Atlanta, Georgia 30327
4. Douglas P. Nichols, Vice President & ~~Treasurer~~ Secretary  
1401 West Paces Ferry Road, #2211  
Atlanta, Georgia 30327

# Secretary of State

Corporations Division

Suite 315, West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 952090539  
CONTROL NUMBER : 9506774  
DATE INC/AUTH/FILED : 02/22/1995  
JURISDICTION : GEORGIA  
PRINT DATE : 07/28/1995  
FORM NUMBER : 0211

CT CORPORATION SYSTEM  
JO ANN HODSON  
1201 PEACHTREE ST, NE  
ATLANTA, GA 30361

## CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, hereby certify under the seal of my office that

### RESTORE RESPIRATORY CARE, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*Max Cleland*  
MAX CLELAND  
SECRETARY OF STATE