

F95000003963

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

100001561881
00/16/95 --01033--033
*****70.00 *****70.00

National Mentor HealthCare, Inc.

☒ Profit
☐ NonProfit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☒ Pick Up

☐ Mail Out

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

8-16

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. National Mentor HealthCare, 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. Massachusetts

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

3. 04-2893910

(FEI number, if applicable)

4. December 2, 1985

(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, S.))

7. 45 Milk Street, Boston, Massachusetts 02109

(Current mailing address)

8. See attached purpose clause

(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

Lauren H. Kheatz

(Registered agent's signature) (Officer)

SPECIAL ASST. 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

Director:
~~XXXXXXXXXX~~ E. Byron Henneley, Jr.
Address: 45 Milk Street
Boston, MA 02109

Director:
~~XXXXXXXXXX~~ Thomas P. Riley
Vice Chairman
Address: 45 Milk Street
Boston, MA 02109

Director:
Address:

Director:
Address:

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25 AUG 16 AM 11:54
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Thomas P. Riley
Address: 45 Milk Street
Boston, MA 02109

Vice President: Thomas P. Riley
Address: 45 Milk Street
Boston, MA 02109

TREASURER:
~~XXXXXXXXXX~~ Peter Mair
Address: 45 Milk Street
Boston, MA 02109

CLERK: Thomas P. Riley
Address: 45 Milk Street
Boston, MA 02109

Assistant Clerk: Richard Teller

~~XXXXXXXXXX~~

Address: One Post Office Square
Boston, MA 02109

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

13.

Reff
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Richard Teller, Assistant Clerk
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Purpose

To provide human services and related administrative advice, and in general, to carry on any business which may lawfully be carried on by a corporation.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02188

August 15, 1995

TO WHOM IT MAY CONCERN:

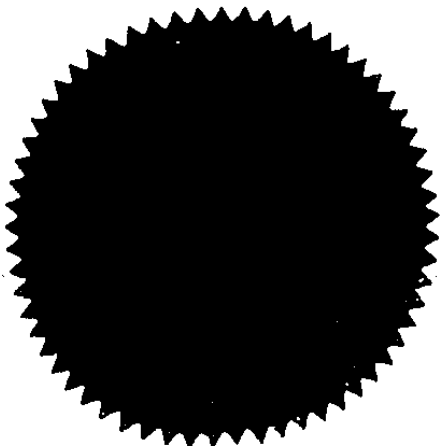
I hereby certify that according to the records of this office

National Mentor HealthCare, Inc.

is a domestic corporation organized on December 2, 1985, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolutions; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

* This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.

LMF

F 9500003963



ACCOUNT NO. : 072100000032

REFERENCE : 060305 5028257

AUTHORIZATION : Patricia Pyzdek

COST LIMIT : \$ 35.00

ORDER DATE : August 21, 1996

ORDER TIME : 10:18 AM

ORDER NO. : 060305

CUSTOMER NO: 5028257

CUSTOMER: Ms. Michelle H. Ancosky
Charter Medical Corporation
3414 Peachtree Rd., N.e.
Suite 1400
Atlanta, GA 30326

CHANGE OF AGENT

NAME: NATIONAL MENTOR HEALTHCARE,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Michael E. Klunk

FILED
96 AUG 22 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
96 AUG 22 AM 11:30
DIVISION OF CORPORATION

27 Aug
CRS
8/22

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Massachusetts submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: NATIONAL MENTOR HEALTHCARE, INC.

1b. The mailing address of the corporation is: 577 Marlborough St, MAcon,
6A 31298

1c. Date of incorporation: 08/16/1995 Document number: F95000003963

2. The name and address of the current registered agent and office:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, Florida 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

James R. Bedenbaugh 8-11-96
(Signature of an officer, chairman or vice chairman of the board) (Date)

James R. Bedenbaugh, Assistant Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

The Prentice-Hall Corporation Corporation System, Inc.

By: Judith A. Blawett
(Signature of Registered Agent)

August 21, 1996
(Date)

If signing on behalf of an entity:

Brian Courtney
(Typed or Printed Name)

Asst. V. President
(Capacity)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 SEP 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003963

1. Corporation Name

NATIONAL MENTOR HEALTHCARE, INC.

Principal Place of Business

577 MULBERRY ST.
MULBERRY GA 31206

Mailing Address

577 MULBERRY ST.
MULBERRY GA 31290

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



200001956332
-09/25/96--01052--013
***375.00 ***375.00

2. New Principal Office Address, if Applicable

313 Congress Street

Suite, Apt. #, etc

City & State

Boston MA

Zip

02210

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1995

5. FEI Number

04-2883910

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officer and/or Director	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVD PD	RILEY, THOMAS P DONNA Mauch	45 MILK STREET 313 Congress Street	BOSTON MA 02210
T	MAR, PETER Charlotte Sanford	45 MILK STREET 3414 Peachtree Rd NE, Suite 1400	BOSTON MA Atlanta, GA 30321
D	HENGLEY JR, E B	45 MILK STREET	BOSTON MA
	See Attached		

REINSTATEMENT

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

The Prentice-Hall Corporation System, Inc.

Signature of
Registered Agent

Patricia Pizzuto

Patricia Pizzuto, as Agent

Date September 23, 1996

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. FILLISH

Date

Daytime Phone #

9-18-96 912-742-1161

CR2E040 (7-96)

APPLICATION FOR REINSTATEMENT

FOR

NATIONAL MENTOR HEALTHCARE, INC.

ADDITIONAL OFFICERS AND DIRECTORS

<u>TITLE</u>	<u>OFFICERS/DIRECTORS</u>	<u>ADDRESS</u>
D	Robert P. Collins	3414 Peachtree Rd NE, Suite 1400, Atlanta GA 30326
D \S	Cherie Fuzzell	3414 Peachtree Rd NE, Suite 1400, Atlanta GA 30326
P D	Donna Mauch, Ph. D.	313 Congress Street, Boston, MA 02210-1218
V	Gregory Torres	313 Congress Street, Boston, MA 02210-1218
V \S	Elizabeth Hopper	313 Congress Street, Boston, MA 02210-1218
V	Peter Mair	313 Congress Street, Boston, MA 02210-1218
V \S	Christopher Holland	313 Congress Street, Boston, MA 02210-1218
V	Donald Monack	313 Congress Street, Boston, MA 02210-1218
V	Lois Simon	313 Congress Street, Boston, MA 02210-1218
V	Leonard Henry	313 Congress Street, Boston, MA 02210-1218
V	Allan Hollis	313 Congress Street, Boston, MA 02210-1218
V	Janice Quiriam	313 Congress Street, Boston, MA 02210-1218
V	Wayne Stelk	313 Congress Street, Boston, MA 02210-1218
S	Gregory Torres	313 Congress Street, Boston, MA 02210-1218
\S	Jim Filush	577 Mulberry Street, Macon, GA 31298
\S	Jim Bedenbaugh	3414 Peachtree Rd NE, Suite 1400, Atlanta GA 30326