

# F95000006113

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December 9, 1995

OF COUNSEL  
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(601) 338-6011

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-12/12/95--01087--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**VIA FEDERAL EXPRESS - PRIORITY DELIVERY**

Sandra B. Mortham  
Secretary of State  
Florida Department of State  
Division of Corporations  
409 East Gains Street  
Tallahassee, FL 32399

Re: Prime Care Nursing, Inc.

Dear Ms. Mortham:

Enclosed please find the following:

- (1) Prime Care Nursing, Inc.'s Application for Authorization to Transact Business in Florida;
- (2) Certificate of Existence/Authority from the Mississippi Secretary of State dated December 1, 1995;
- (3) This firm's check in the amount of \$78.75 representing the statutory filing fee for the enclosed Application and a Certificate of Status; and
- (4) Pre-addressed, prepaid Federal Express packaging.

Please file the enclosed Application and send the acknowledgment and Certificate of Status to me using the enclosed Federal Express packaging.

95 DEC 15 AM 8:40  
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DIVISION OF CORPORATIONS  
mtm

*Sandra B. Mortham*  
12/14/95

Sandra B. Northam  
December 9, 1995  
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Should you have any questions regarding this matter, please do not  
hesitate to contact me.

Sincerely yours,



Robert N. Warrington

RNW/lm  
12-4465.g  
Enclosures

cc:

VIA FACSIMILE NO. 335-8298

Mr. Emory Oxford  
Ms. Susan Oxford

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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. Prime Care Nursing, 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. MS  
(State or country under the law of which it is incorporated)

3. 64-0813851  
(FEI number, if applicable)

4. 01-20-92  
(Date of Incorporation)

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

6. 12-15-95  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. P. O. Box 852  
Greenville, MS 38702-0852  
(Current mailing address)

8. Nursing services and any other activity permitted by law  
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Jeanie Stoker

Office Address: 5061 Leesway Circle

Pensacola, Florida, 32504  
(Zip Code)

10. 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.*

x Jeanie Stoker  
(Registered agent's signature)

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.

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**12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)**

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: N/A

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

Vice Chairman: N/A

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

Director: Emry Oxford

Address: 222 Arnold Avenue  
Greenville, MS 38701

Director: Susan Oxford

Address: 222 Arnold Avenue  
Greenville, MS 38701

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Emry Oxford

Address: 222 Arnold Avenue  
Greenville, MS 38701

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

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

Secretary: Susan Oxford

Address: 222 Arnold Avenue  
Greenville, MS 38701

Treasurer: Susan Oxford

Address: 222 Arnold Ave., Greenville, MS 38701

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

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Susan Oxford, Secretary-Treasurer  
(Typed or printed name and capacity of person signing application)

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# State of Mississippi

## Office of the Secretary of State

Dick Molpus, Secretary of State  
Jackson, Mississippi

### CERTIFICATE OF EXISTENCE/AUTHORITY

I, DICK MOLPUS, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on January 20, 1992 the state of Mississippi issued a Charter/Certificate of Authority to:

PRIME CARE NURSING, INC.

That the state of incorporation is MISSISSIPPI.

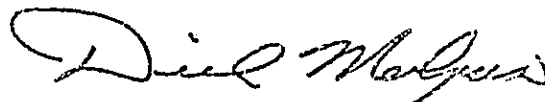
That the period of duration is Perpetual.

That according to the records of this office, Articles of Incorporation, Dissolution or a Certificate of Withdrawal have not been filed.

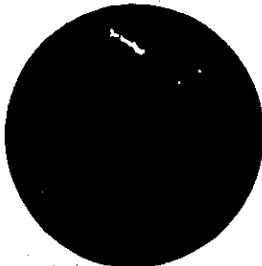
That according to the records of this office, a current Annual REPORT HAS BEEN DELIVERED TO THE SECRETARY OF STATE'S OFFICE.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand  
and seal of office  
December 01, 1995



DICK MOLPUS  
Secretary of State



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DIVISION OF CORPORATIONS  
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