

Document Number Only

F96000000515

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

\$1200.00 - ADM
\$170.00 - FF
\$8.75 - CERT

RECEIVED
DIVISION OF CORPORATIONS
96 JAN 30 PM 4:39
FILED
SECRETARY OF STATE

Care South Home Health Services, Inc.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Liability | <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"/> Lic. Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call # Problem | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | | <input checked="" type="checkbox"/> Pick Up |
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1-30-96

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Today's Date Please

**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. CareSouth Home Health Services, 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. 58-2198545
(FEI number, if applicable)

4. 10-4-95
(Date of Incorporation)

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

6. 11-1-95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. CareSouth Home Health Services, Inc.

1030 Stevens Creek Road, Augusta, Georgia 33324

(Current mailing address)

8. Home health agency management services.

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(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.

Dale H. Morris

(Registered agent's signature)
Dale Morris, Asst. Vice President

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: Steve Kruger

Address: L.E. Schwartz & Son, Inc., 27 1/2 Reid Street, Macon, GA 31206

~~Vice Chairman~~: Bob Kimbrey

Address: Central Georgia Health Ventures

691 Cherry Street, Suite 700, Macon, GA 31201

Director: Jerry Payne

Address: 4704 South Stratford Oaks Drive, Macon, GA 31210

~~Director~~: Rick W. Griffin

Address: Central Georgia Health System,

691 Cherry Street, Suite 700, Macon, GA 31201

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

President: Ron Conners, Ph.D.

Address: CareSouth Home Health Services, Inc.

1030 Stevens Creek Road, Augusta, GA 30907

Vice President: John Day, CFO

Address: CareSouth Home Health Services, Inc.

1030 Stevens Creek Road, Augusta, GA 30907

Secretary: Rick W. Griffin

Address: Central Georgia Health System

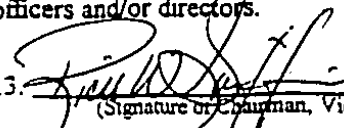
691 Cherry Street, Suite 700, Macon, GA 31201

Treasurer: John Day

Address: CareSouth Home Health Services, Inc.

1030 Stevens Creek Road, Augusta, GA 30907

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

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

14. Rick W. Griffin, Secretary
(Typed or printed name and capacity of person signing application)

FILED
JUN 30 AM 4:39
TALLAHASSEE, FLORIDA

Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 960230746
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DATE INC/AUTH/FILED : 10/04/1995
JURISDICTION : GEORGIA
PRINT DATE : 01/23/1996
FORM NUMBER : 0211

KING & SPALDING
C. CONSTANCE FORE
191 PEACHTREE STREET
ATLANTA, GA 30303

CERTIFICATE OF EXISTENCE

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

CARESOUTH HOME HEALTH SERVICES, 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.



Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

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96 JAN 30 PM 4:39

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Original validation updated
on # F96000000513