

# F96000000878

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			

800001720778  
-02/21/96--01075--014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

800001720778  
-02/21/96--01075--015  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

*Symphony Home Care Services No. 122, Inc.*

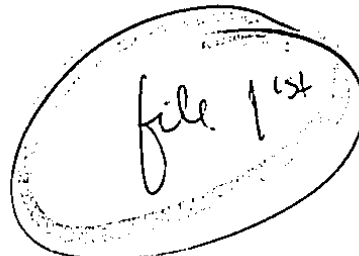
- |                                                    |                                                 |                                             |
|----------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <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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2/21/96



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DIVISION OF CORPORATIONS  
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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. Symphony Home Care Services No. 122, 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. Tennessee  
(State or country under the law of which it is incorporated)
3. 62-1213771  
(FEI number, if applicable)

4. January 1, 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, F.S.))

7. 10065 Red Run Boulevard, Owings Mills, Maryland 21117

(Current mailing address)

8. Supply durable medical equipment to various parties.  
(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

Connie Bryan  
(Registered agent's signature) (Officer)

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

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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: See attached list of directors

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

Vice Chairman: See attached list of directors

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

Director: See attached list of directors

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

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

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

B. OFFICERS

President: See attached list of officers

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

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

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

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

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

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

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

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

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

14. Michael W. Tan, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

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02/02

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James P. Crika

McC B. Levin

Michael A. Ekins

Office: Social Security Number

James P. Crika

President

192 42 6924

Michael N. Chichester

Senior Vice President- Finance

102 36 2277

James A. Catell

Senior Vice President- Chief Accounting Officer

212 70 7799

John K. Davidson

Senior Vice President- Development

489 70 6678

Michael A. Elkins

Senior Vice President and General Counsel; Secretary

092 36 2771

Edward J. Kamp

Senior Vice President -Managed Division

178 46 0107

Eric B. Levin

Senior Vice President-Investor Relations; Assistant Secretary

217 62 0817

William W. Robertson

Senior Vice President -Symphony Health Services

528 82 9879

Henry W. Singleton

Senior Vice President, Strategic Planning and Medical Specialty  
Units Development

358 34 9621

Christian Winkle

Senior Vice President-Operations

121 56 3741

Shirley A. Glew

Assistant Secretary

033 42 3216

Michael W. Tan

Assistant Secretary

377 64 0719

Address  
1065 Red Run Boulevard  
Farmingdale, MD 21117

Secretary of State  
Corporations Section

James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 02/15/96  
REQUEST NUMBER: 960459  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/08/1965  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0150459  
JURISDICTION: TENNESSEE

TO:  
CAPITAL FILING SERVICE INC.  
7051 HWY 70 SOUTH  
NO 333  
NASHVILLE, TN 37221

REQUESTED BY:  
CAPITAL FILING SERVICE INC.  
7051 HWY 70 SOUTH  
NO 333  
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
"SYMPHONY HOME CARE SERVICES NO. 122, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/15/96

FROM:  
CAPITAL FILING SERVICE, INC.  
7051 HWY 70 S  
#333  
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$10.00 \$90.00  
TOTAL PAYMENT RECEIVED: \$100.00

RECEIPT NUMBER: 00001911217  
ACCOUNT NUMBER: 00101230



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE