

CONTACT:

OFFICE USE ONLY (Document #)

F96000004063

UCC FILING &amp; SEARCH SERVICES, INC.

(Requestor's Name)

528 EAST PARK AVENUE

(Address)

TALLAHASSEE FL 32301

(City, State, Zip)

(904) 681-6528

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) &amp; DOCUMENT NUMBER(S) (if known):

1

OrNda HomeCare, Inc.

(Corporation Name)

(Document #)

2

(Corporation Name)

(Document #)

3

(Corporation Name)

(Document #)

4

(Corporation Name)

(Document #)

☒ Walk In☐ Pick Up Time☐ Mail Out☐ Will Wait☐ Photocopy

## NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

## AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R A, Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

## OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

## REGISTRATION/QUALIFICATION

<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

☒ Certified Copy☐ Certificate of Status☐ Certificate of Good Standing☐ ARTICLES ONLY☐ ALL CHARTER DOCS☐ Certificate of FICTITIOUS NAME☐ FICTITIOUS NAME SEARCH☐ CORP SEARCHFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 AUG - 8 PM 12:54HOLD FOR  
PICKUP BY  
UCC SERVICES

Examiner's Initials

**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. OrNda HomeCare, Inc.

(Name of corporation: the word "INCORPORATED," "COMPANY," or "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. California

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

3. July 18, 1996

(Date of Incorporation)

4. Perpetual

(Duration)

5. 95-4589613

(Federal Employer Identification number, if applicable)

6. upon qualification with the State of Florida

(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 617.155, F.S.)

7. P. O. Box 1200 Nashville, TN 37202-1200

(Current mailing address)

8. Any and all purposes for which corporations may conduct business under the laws of the State of California.  
(Corporate purpose and nature of business in which it is engaged in Florida)

9. Names and addresses of officers and or directors:

**A. Directors:**

Chairman: William L. Hough

Address: 3401 West End Avenue Suite 700

Nashville, TN 37203

Vice Chairman: Keith B. Pitts

Address: 3401 West End Avenue Suite 700

Nashville, TN 37203

Director: Ronald P. Soltman

Address: 3401 West End Avenue Suite 700

Nashville, TN 37203

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

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

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**B. Officers:**

President: William L. Hough  
Address: 3401 West End Avenue Suite 700  
Nashville, TN 37203

Vice President: Keith B. Pitts  
Address: same as President

Secretary: Ronald P. Soltman  
Address: same as President

ASST. SECRETARY: Karen H. Abbott ADDRESS: same as President

Treasurer: Russell F. Tonnies  
Address: same as President

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
Zip Code

**11. 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.

Registered agent's signature:

Mary R. Adams  
by Mary R. Adams, Asst Secy

12. 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.

13. Karen H. Abbott  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Karen H. Abbott Assistant Secretary  
(Name and capacity of person signing application)

