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Document Number Only

CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

Symphony Home Care Service, Inc.

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DIVISION OF CORPORATIONS
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- | | | |
|--|---|--|
| <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 Co. | <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"/> Fictitious Name Filing | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Pick Up | |
| <input type="checkbox"/> Mail Out | | |

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

9/11/96

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. Symphony Home Care Services No. 19, 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. Delaware

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

3. Applied for

(FEI number, if applicable)

4. August 28, 1996

(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. To provide home health or similar 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:

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

(Registered agent's signature) (Officer)

Ad Hamilton, Special Asst. Secy.

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

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

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Directors

Lawrence P. Cirka
Marc B. Levin
Marshall A. Elkins

Officers

Office

Judy Bishop	President
Lawrence P. Cirka	Chief Operating Officer
Brian K. Davidson	Executive Vice President - Office of the CEO
Marshall A. Elkins	Executive Vice President and General Counsel; Secretary
Marc B. Levin	Executive Vice President - Office of the CEO; Assistant Secretary
Anthony R. Masso	Executive Vice President - Managed Care
Scott W. Robertson	Executive Vice President - Home Care Development
C. Christian Winkle	Executive Vice President - Facility Operations
W. Bradley Bennett	Senior Vice President - Chief Accounting Officer
Virginia Dollard	Senior Vice President - Southeast Division
Frank Fritch	Senior Vice President - Human Resources
Eleanor C. Harding	Senior Vice President - Finance, Treasurer
John Heller	Senior Vice President - Northeast Division
Joyce Karoleski	Senior Vice President - Western Division
Elizabeth Kelly	Senior Vice President - Acquisitions
Francis P. Kirley	Senior Vice President - Midwest Division
Patrick Leininger	Senior Vice President - Managed Care

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Pamela Lekas	Senior Vice President - Facility Controller
Murry Mercier	Senior Vice President - Information Systems
Taylor Pickett	Senior Vice President
Ruth Ann Skaggs	Senior Vice President - Clinical Services
George Turon	Senior Vice President - Reimbursement
Leslie A. Glew	Vice President and Assistant Secretary
Michael W. Tan	Assistant Secretary
J. David Gallagher	Assistant Secretary

The following address may be used for all Officers and Directors:

10065 Red Run Boulevard
Owings Mills, Maryland 21117

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State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYMPHONY HOME CARE SERVICES NO. 19, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

8095630

DATE:

09-09-96