

F96000005070

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

000001943660
-09/10/96--01129--006
*****83.75 *****83.75

SUBJECT: Companion Care Services Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marie E. Joseph

(Name of Person)

Companion Care Services Inc.

(Firm/Company)

7618 Miami Drive

(Address)

Mentor, Ohio 44060

(City/State/Zip)

W96-19076
sf 10/2

Should you need to call someone concerning this matter, please call:

Marie e. Joseph
(Name of Person)

at (216) 257-0000
(Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 11, 1996

MARIE E. JOSEPH
COMPANION CARE SERVICES, INC.
7618 MIAMI DR.
MENTOR, OH 44060

SUBJECT: COMPANION CARE SERVICES, INC.
Ref. Number: W96000019076

We have received your document for **COMPANION CARE SERVICES, INC.** and your check(s) totaling \$83.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 695A00042252

**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. Companion Care 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. Ohio 3. 34-1776202
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. April 4, 1994 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida. (SEE SECTIONS 607.1301, 607.1302, AND 817.1303, F.S.))
7. Companion Care Services Inc.
7618 Miami Dr., Mentor, Ohio 44060
(Current mailing address)
8. Home Health Care / homemaker/personal care services to
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. senior and disabled population
Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: MARIE MENRAY
Office Address: 15 Sophie Ave. / Lone Pine
Palm Harbor, Florida, 34683-7176
(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.

Marie Menray
(Registered agent's signature) *Registered agent in Fla.*

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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TALLAHASSEE, FLORIDA

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: John T. Ashba

Address: 38241 Lakeshore #311

Willoughby, Ohio

Vice Chairman: Terri Wearstler, R.N.

Address: 7024 Jackson St.

Mentor, Ohio 44060

Director: Janice Hanes

Address: 7618 Miami Dr.

Mentor, Ohio 44060

Director: _____

Address: _____

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

President: Marie E. Joseph

Address: 7511 Miami Drive

Mentor, Ohio 44060

Vice President: Mr. John Thomas Ashba

Address: 38241 Lakeshore Blvd. # 311

Willoughby, Ohio 44094

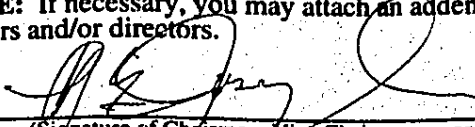
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. MARIE E. JOSEPH
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

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I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show COMPANION CARE SERVICES, INC., an Ohio Corporation, Charter No. 868895, having its principal location in Mentor, County of Lake, was incorporated on April 4, 1994, is currently in GOOD STANDING upon the records of this office.

FILED
96 OCT - 1 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



WITNESS my hand and official
seal at Columbus, Ohio this
27th Day of August, A.D., 1996

Bob Taft

Bob Taft
Secretary of State