

F96000005364
TRANSMITTAL LETTER
TO: Qualification Tax Lien Section
Division of Corporations

SUBJECT: IN-HOME CARE SERVICES OF AMERICA, INC
(Name of corporation - must include suffix)

400001888814--S
--10/23/96--01031--014
*****00.00 *****00.00

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:

W96-13611
100001865031
--06/18/96--01073--001
*****70.00 *****70.00

Peggy Thomas
(Name of Person)

IN-HOME CARE SERVICES OF AMERICA INC
(Firm/Company)
424 WEST COMMERCE ST
P.O. Box 1051
(Address)

Lewisburg TN 37084
(City/State/Zip)

FILED
96 OCT 16 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Peggy Thomas (President) at (615) 359-7755
(Name of Person) (Area Code & Daytime Telephone Number)

Ask to day 29 8/8/96

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



Department of State Memorandum

Office of the General Counsel

TO: File

FROM: Gerard York, Assistant General Counsel *gy*

DATE: October 14, 1996

RE: In-Home Care Services of America

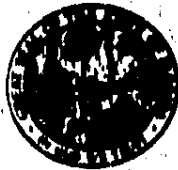
Based on the payment received by this corporation, it is my recommendation that this file be closed and this corporation be qualified to do business in Florida. Corporation has minimal cash flow and has incurred minimal profits over past five years. Corporation has paid all outstanding report fees and wishes to be qualified to do business in Florida.

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TALLAHASSEE, FLORIDA

DIVISIONS OF FLORIDA DEPARTMENT OF STATE

Office of the Secretary
Division of Administrative Services
Division of Corporations
Division of Cultural Affairs
Division of Elections
Division of Historical Resources
Division of Library and Information Services
Division of Licensing

MEMBER OF THE FLORIDA CABINET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

HISTORIC PRESERVATION BOARDS

Historic Florida Keys Preservation Board
Historic Palm Beach County Preservation Board
Historic Pensacola Preservation Board
Historic St. Augustine Preservation Board
Historic Tallahassee Preservation Board
Historic Tampa (Hillsborough County) Preservation Board

RINGLING MUSEUM OF ART

4 September, 1996

Ms. Peggy Thomas
President
In-Home Care Services of America, Inc.,
P.O. Box 1051
Lewisburg, TN 37091

RE: Annual Report Fees and Penalties


Dear Ms. Thomas:

This letter is to confirm our telephone conversation of this date.

The Department of State agrees to settle the issue of outstanding penalties and report fees by accepting the sum of \$800.00. Please mail the check to the undersigned attorney at the Office of General Counsel (Florida Department of State), LL-10, The Capitol, Tallahassee, Florida 32399. Upon receipt of a check payable for that amount to the Department of State, Division of Corporations, I will instruct the Division of Corporations to issue a Certificate of Authority and qualify In-Home Care Services of America, Inc., to do business in the State of Florida.

Should you have any questions, feel free to contact me at (904) 414-5536.

Respectfully,


Gerard T. York
Associate General Counsel

GTY/gty

THIS DOCUMENT IS THE PROPERTY OF THE FLORIDA DEPARTMENT OF STATE. IT IS LOANED TO YOU BY THE FLORIDA DEPARTMENT OF STATE. IT IS TO BE USED ONLY FOR THE PURPOSES FOR WHICH IT WAS LOANED. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF THE FLORIDA DEPARTMENT OF STATE. THIS DOCUMENT IS TO BE RETURNED TO THE FLORIDA DEPARTMENT OF STATE AT THE ADDRESS INDICATED ON THE BOTTOM OF THE DOCUMENT.

August 12, 1996

RECEIVED

AUG 29 1996

Office of General Counsel
Department of State

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Attention: General Council

Re: Subject: In Home Care Services of America, Inc.
Ref. Number: W96000013011

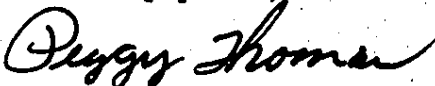
Gentlemen:

Per request from your office, I am enclosing copies of the last five year corporation returns for the above corporation. When we started our business in the State of Florida we were not informed to make Application for Foreign Corporation for Authorization to Transact Business in Florida. I personally applied for the business licenses and was never informed or given any instruction upon making such application or such would have been done at that time.

You will see upon your examination of our tax returns that we are not in a financial position and it would certainly make an undue hardship upon the corporation to be assessed any civil penalties and interest. I am the sole owner of the corporation and have had to put my own personal funds into the corporation for said business to carry on.

I, of course, wish to comply with any and all requirements for this corporation and certainly wish I had been made aware of this situation and ask that you waive any and all fees, penalties and interest in regard to this matter. Please inform me of any forms or other paper work that needs to be carried out and when they are due. As previously stated, I was never made aware of this situation.

Sincerely yours,



Peggy Thomas, President
In Home Care Services of America, Inc.
424 W. Commerce Street
Lewisburg, Tenn. 37091

PT:php
Enclosures



FLORIDA DEPARTMENT OF STATE
Sandra E. Mortham
Secretary of State

June 19, 1996

PEGGY THOMAS
IN-HOME CARE SERVICES OF AMERICA INC
424 W COMMERCE ST
LEWISBURG, TN 37091

SUBJECT: IN HOME CARE SERVICES OF AMERICA, INC.
Ref. Number: W96000013011

(615)
359
7755 ✓
540 3044
(615)

We have received your document for IN HOME CARE SERVICES OF AMERICA, INC. and your check(s) totaling \$70.00. 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

* A brief description of the entity's nature of business must be included in the document.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

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) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 196A00030394

**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. IN-HOME CARE SERVICES OF AMERICA, 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. ALABAMA

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

3.

631048111

(FBI number, if applicable)

4. May 16, 1991

(Date of Incorporation)

5.

Perpetual

(Duration: Your corp. will cease to exist or "perpetual")

6. 3-10-92

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.153))

7. 1901 NE 4th Street

Pompano Beach FL 33060

(Current mailing address)

8. referral service to The Elderly (Companions)

(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:

PEGGY THOMAS (President)

Office Address: 1901 NE 4th Street

Pompano Beach, Florida, 33060

(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.

Peggy Thomas (President)
(Registered agent's signature)

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: Peggy Thomas

Address: 2531 Bartlett Rd
Petersburg, TN 37144

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Peggy Thomas

Address: 2531 Bartlett Rd
Petersburg, TN 37144

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. PEGGY THOMAS
(Typed or printed name and capacity of person signing application)

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\$60 CT 16 AM 11:10
TALLAHASSEE, FLORIDA

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that In Home Care Services of America, Inc. incorporated in Madison County, Huntsville, Alabama on May 16, 1991. I further certify that the records do not disclose that said In Home Care Services of America, Inc. has been dissolved.

FILED

96 OCT 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

May 24, 1996

Date

Jim Bennett

Jim Bennett

Secretary of State