

F96000006870

TODD A. STERZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)
425-5625

100002046931--7
-01/06/97--01045--014
2270.00 *200.00

OFFICE USE ONLY

600002035286--4
-12/20/96--01053--016
2092.50 *122.50

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

1. WST Care Inc W96-26766
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time 9:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

Examiner's Initials

FILED
96 DEC 20 PM 2:49
DIVISION OF CORPORATION
RECEIVED
96 DEC 20 PM 1:05



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 20, 1996

Fac data
HOLLAND & KNIGHT
ATTN: TODD A. STERZOY

SUBJECT: W.S.T. CARE, INC.
Ref. Number: W96000026766

We have received your document for W.S.T. CARE, INC. and your check(s) totaling \$122.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$200.00.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 196A00056835

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO 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. W.S.T. CARE, 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. Nebraska
(State or country under the law of which it is incorporated)
3. 47-0628238
(FEI number, if applicable)
4. 4/9/80
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 4/1/95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 607.155, F.S.))
7. 3050 North Horseshoe Drive, Suite 260
Naples FL 33942
(Current mailing address)
8. Healthcare Business
(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: CT Corporation System
Office Address: 1200 S. Pine Island Road
Plantation, Florida, 33324
(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.

Connie Bryan
(Registered agent's signature) CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
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.

FILED
96 DEC 20 PM 2:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Director: Gary W. Singleton
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942

Director: William T. Krystopowicz
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942

Director: David H. Faler
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942

Director: _____
 Address: _____

B. OFFICERS

President: Gary W. Singleton
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942

Vice President: David H. Faler
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942

Secretary: William J. Krystopowicz
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942

Treasurer: Timothy Trybus
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942

96 DEC 20 PM 12:49
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILED

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

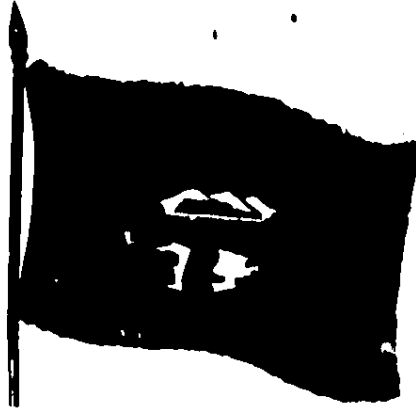
13. TIM J. JAL V.P. & TREASURER
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TIMOTHY T. TRYBUS
 (Typed or printed name and capacity of person signing application)

STATE OF

NEBRASKA

United States of America, } ss.
State of Nebraska



Department of State
Lincoln, Nebraska

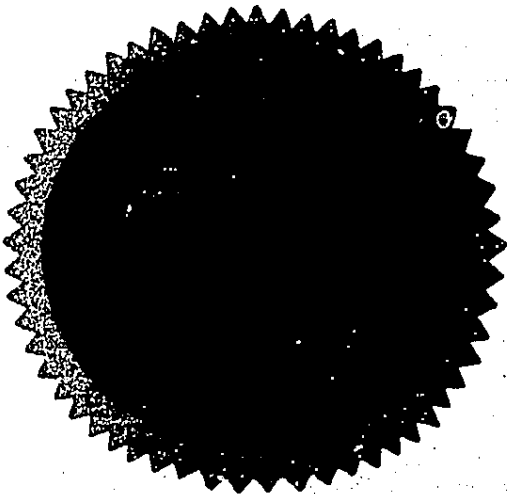
I, Scott Moore, Secretary of State of the State of Nebraska do hereby
certify;

W.S.T. CARE, INC.

was duly incorporated under the laws of this state on April 9, 1980,
and do further certify that no occupation taxes assessed are unpaid
and no annual reports are delinquent; articles of dissolution have
not been filed; and said corporation is in existence as of the date
of this certificate.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on December 19
in the year of our Lord, one thousand
nine hundred and ninety-six.



Scott Moore
SECRETARY OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC 20 PM 2:49

FILED