

Document Number Only
F980000003310

C T Corporation System.

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

400002557074--4

-06/11/98--01080--018

*****70.00 *****70.00

CORPORATION(S) NAME

Newcore Specialty Services, Inc.

FILED

98 JUN 11 PM 1:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

PLEASE RETURN EXTRA COPY(S)

FILE STAMPED

THANKS

CONNIE

RECEIVED

98 JUN 11 PM 12:38

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. NewCare Specialty 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. Georgia

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

3. Applied For

(FEI number, if applicable)

4. 06108198

(Date of incorporation)

5. Perpetual

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

6. 7-1-98

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 6000 Lake Forrest Drive #200, Atlanta, Georgia 30328

(Current mailing address)

8. Provide specialty health care products to nursing homes, assisted living facilities and hospitals

(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)

JENNIFER F FAULTMAN
ASSISTANT SECRETARY

(Type Name and Title of Officer)

FILED
98 JUN 11 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Chris Brogdon

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

Vice Chairman: Harry Dermer

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

Director: Philip M. Rees

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

Director: _____

Address: _____

B. OFFICERS

President: Harry Dermer

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

Vice President: Chris Brogdon

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

Secretary: Philip M. Rees

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

FILED
98 JUN 11 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. Chris Brogdon, Vice President

(Typed or printed name and capacity of person signing application)

FILED
98 JUN 11 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 981610140
CONTROL NUMBER : 9821974
DATE INC/AUTH/FILED: 06/08/1998
JURISDICTION : GEORGIA
PRINT DATE : 06/10/1998
FORM NUMBER : 211

CT CORPORATION SYSTEM
JOHN HARRIS
1201 PEACHTREE ST, NE
ATLANTA, GA 30361

FILED
98 JUN 11 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NEWCARE SPECIALTY SERVICES, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Lewis A. Massey

Lewis A. Massey
Secretary of State