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C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City State Zip Phone

400002726944--4
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*****78.75 *****78.75

CORPORATION(S) NAME

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Flagship Home Health of Central Florida, Inc.

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( ) NonProfit
( ) Limited Liability Company
(X) Foreign
( ) Limited Partnership
( ) Reinstatement
( ) Limited Liability Partnership
( ) Certified Copy

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# 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. Flagship Home Health of Central Florida, 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. 65-0882675
(FEI number, if applicable)

4. 12-22-98
(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 817.155, F.S.)

7. 8000 Governor's Sq. Blvd, Suite 300
Miami Lakes, FL 33016
(Current mailing address)

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8. Ownership and operation of Home Health Agency
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System

Office Address: c/o CT Corporation, 1200 South 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
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(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.

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: Francis L. Shea, III

Address: 8000 Governor's Sq. Blvd, Suite 300
Miami Lakes, FL 33016

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

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

President: Francis L. Shea, III

Address: 8000 Governor's Sq. Blvd. Ste 300
Miami Lakes, FL 33016

Vice President: Kenneth Veneziano

Address: 8000 Governor's Sq. Blvd., Ste. 300
Miami Lakes, FL 33016

Secretary: Christopher J. Donovan

Address: McDermott, Will & Emery, 28 State St.
Boston, MA 02019

Treasurer: James E. Murphy

Address: 8000 Governor's Sq. Blvd., Ste. 300
Miami Lakes, FL 33016

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

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

14. Kenneth Veneziano, Executive Vice President
(Typed or printed name and capacity of person signing application)

*State of Delaware*

# *Office of the Secretary of State*



I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLAGSHIP HOME HEALTH OF CENTRAL FLORIDA, 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 1998.

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

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*Edward J. Freel, Secretary of State*

AUTHENTICATION: 9490204

DATE: 12-28-98

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