

# F99000001369

Greenberg Traurig

Requestor's Name

Address

Michelle 425-8526

City/State/Zip

Phone #

Office Use Only

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

1. Flagship Home Health of Tampa, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_ W99-5264  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

call me

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

99 MAR -3 AM 11:15

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

with  
3/12

99 MAR -3 PM 3:53

RECEIVED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input checked="" 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

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-03/04/99--01001--019  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 3, 1999

GREENBERG TRAUERIG  
(WALK-IN)

*Please Back - Date*

SUBJECT: FLAGSHIP HOME HEALTH OF TAMPA, INC.  
Ref. Number: W99000005264

We have received your document for FLAGSHIP HOME HEALTH OF TAMPA, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A photocopy of the certificate of existence is not acceptable.

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 (850) 487-6095.

Jennifer Sindt  
Document Examiner

Letter Number: 799A00009869

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DIVISION OF CORPORATIONS

99 MAR -4 AM 10:34

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
101 ACHARD STREET  
TALLAHASSEE, FLORIDA 32314

## 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. Flagship Home Health of Tampa, 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 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 23, 1999 5. Perpetual  
(Date of Incorporation) (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 Square Boulevard, Suite 300  
Miami Lakes, FL 33016  
(Current mailing address)

8. Any and all business allowed by Florida law  
(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: Kenneth Veneziano  
Office Address: 8000 Governor's Square, Suite 300  
Miami Lakes, Florida, 33016  
(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.*

KV  
(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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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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: Francis L. Shea, III

Address: 8000 Governor's Square Blvd., Suite 300

Miami Lakes, Florida

Vice President: Kenneth Veneziano

Address: 8000 Governor's Square Boulevard, Suite 300

Miami Lakes, Florida

Secretary: Christopher Donovan

Address: 75 State Street

Boston, Massachusetts 02109

Treasurer: James Murphy

Address: 8000 Governor's Square Boulevard, Suite 300

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

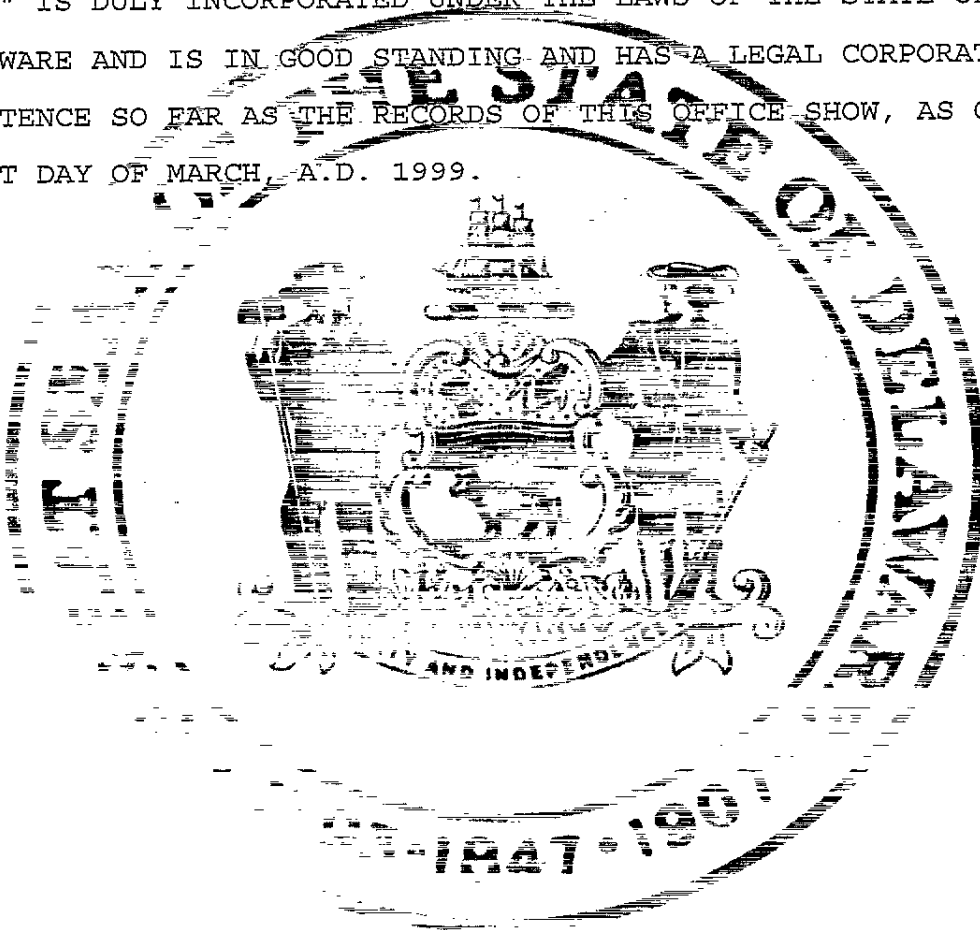
13. KV EVP  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS  
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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 TAMPA, 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 FIRST DAY OF MARCH, A.D. 1999.



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9620536

DATE: 03-10-99