

F99000006344

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Legacy HealthCare Services, Inc.
(Name of corporation - must include suffix)

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:

Ms. Marie E. Haynes
(Name of Person)
Seeley, Savidge & Ebert Co., LPA
(Firm/Company)
600 Superior Avenue, East
(Address)
Cleveland, Ohio 44114-2655
(City/State/Zip)

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

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-12/07/99--01011--009
*****70.00 *****70.00

Kathy Crane at (216) 566-8200
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
99 DEC -7 AM 9:35
TALLAHASSEE, FL
4

**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. Legacy HealthCare 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. Ohio
(State or country under the law of which it is incorporated)
3. applied for:
(FEI number, if applicable)
4. 11/18/1999
(Date of incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. The date of registration as a foreign corporation in the State of Florida
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1143 G Executive Circle
Cary, North Carolina 27511-4571
(Current mailing address)
8. Any lawful purpose in which a corporation may engage.
(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: Scott Graham
Office Address: 3125 Country Creek Lane
St. Augustine, Florida, 32086
(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.


(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)

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DEC -7 AM 9:35
TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Sole Director:

~~Chairman~~ Sandra Hoskins

Address: 1143 G Executive Circle

Cary, North Carolina 27511-4571

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Sandra Hoskins

Address: 1143 G Executive Circle

Cary, North Carolina 27511-4571

Vice President of Finance: David Leard

Address: 1143 G Executive Circle

Cary, North Carolina 27511-4571

Secretary: Gregory Seeley

Address: 600 Superior Avenue, East

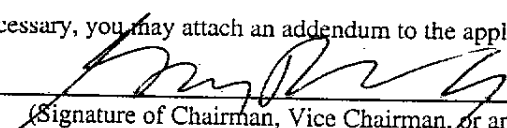
Cleveland, Ohio 44114-2655

Treasurer: Ellen Brutcher

Address: 1143 G Executive Circle

Cary, North Carolina 27511-4571

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. Gregory D. Seeley, Secretary
(Typed or printed name and capacity of person signing application)

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93 DEC -7 AM 9:56
TALLAHASSEE, FLORIDA

NAMES AND ADDRESSES OF OFFICERS CONTINUED

Vice President of Clinical Operations: Nan Garg

Address: 1143 G Executive Circle,
Cary, North Carolina 27511-4571

Vice President of Sales and Marketing: Annette Charlton

Address: 1143 G Executive Circle
Cary, North Carolina 27511-4571

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99 DEC -7 AM 9:37
TALLAHASSEE, FLORIDA

**UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.**

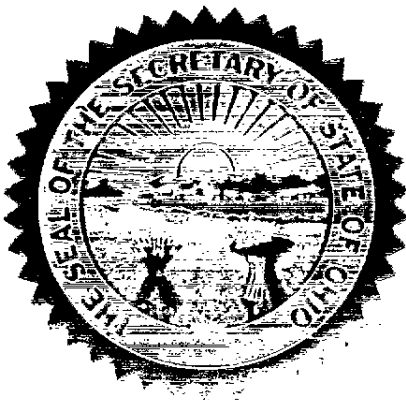


I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show LEGACY HEALTHCARE SERVICES, INC., an Ohio Corporation, Charter No. 1117205, having its principal location in Cleveland, county of Cuyahoga, was incorporated on November 18, 1999, is currently in GOOD STANDING upon the records of this office.

WITNESS my hand and official seal

at Columbus, Ohio on

November 29, 1999



J. Kenneth Blackwell
Secretary of State