

M05000006932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

M05-6932

(Document Number)

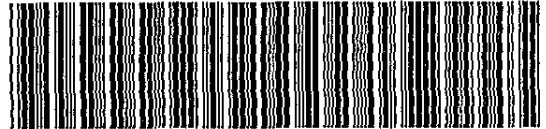
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06 APR 27 PM 3:07  
NOTARIAL PUBLIC  
STATE OF CALIFORNIA

W HANSEN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Conficare Home Health Solutions, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Whitlock  
(Name of Person)

Conficare Home Health Solutions, LLC  
(Firm/Company)

1515 Ormsby Station Court  
(Address)

Louisville, Ky 40223  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Whitlock at ( 502 ) 315-1701  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

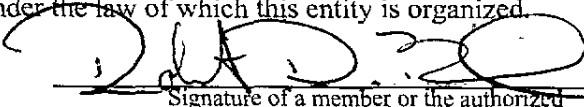
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Veritas Home Health, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: December 19, 2005

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 4/6/06
5. New name of the limited liability company: Confi Care Home Health Solutions, LLC
6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_  
\_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized  
representative of a member

ROBERT D. BUSH  
Typed or printed name of signer

Filing Fee: \$25.00

SECRETARY OF STATE  
ALL INFORMATION  
FEBRUARY

06 APR 27 PM 3:07

FILED

# Delaware

PAGE 1

*The First State*

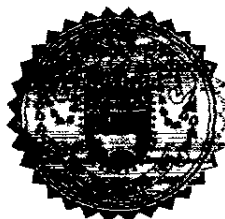
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "CONFICARE HOME HEALTH SOLUTIONS, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE SIXTEENTH DAY OF NOVEMBER, A.D. 2005, AT 12:31 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "VERITAS HOME HEALTH, LLC" TO "CONFICARE HOME HEALTH SOLUTIONS, LLC", FILED THE SIXTH DAY OF APRIL, A.D. 2006, AT 2:43 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "CONFICARE HOME HEALTH SOLUTIONS, LLC".



4061966 8100H

060369363

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4683588

DATE: 04-21-06

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:45 PM 11/16/2005  
FILED 12:31 PM 11/16/2005  
SRV 050933939 - 4061966 FILE

CERTIFICATE OF FORMATION

OF

VERITAS HOME HEALTH, LLC

The undersigned, an authorized person, for the purpose of forming a limited liability company (hereinafter called the "Company"), under the provisions and subject to the requirements of the Delaware Limited Liability Company Act, hereby certifies that:

1. The name of the limited liability company is Veritas Home Health, LLC.
2. The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, Delaware 19808, County of Newcastle. The name of its registered agent at such address is Corporation Service Company.

In Witness Whereof, the undersigned has executed this Certificate of Formation this 16<sup>th</sup> day of November, 2005.

  
Carmin Grandinetti, Authorized Person

**STATE of DELAWARE  
CERTIFICATE OF AMENDMENT  
to  
CERTIFICATE of LIMITED LIABILITY COMPANY  
of  
VERITAS HOME HEALTH, LLC**

Veritas Home Health, LLC, a limited liability company organized under the Delaware Limited Liability Company Act hereby certifies that effective on April 6, 2006, Paragraph 1 of the Certificate of Formation is amended to read in its entirety as follows:

1. The name of the limited liability company is "ConfiCare Home Health Solutions, LLC"

IN WITNESS WHEREOF, this Certificate of Amendment has been duly executed by an authorized person as of the 6 day of April, 2006.

VERITAS HOME HEALTH, LLC

By: Kelly S. Duncan  
Kelly Duncan, Authorization Person

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:43 PM 04/06/2006  
FILED 02:43 PM 04/06/2006  
SRV 060325882 - 4061966 FILE