

M17000004410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

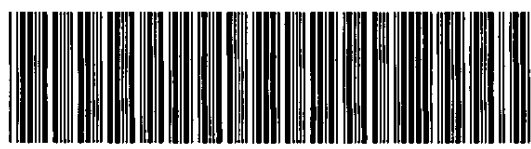
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

V17-38523

Office Use Only



600298675086

05/02/17--01054--017 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 22 PM 2:38

M. MILLIGAN
MAY 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LifeCare Home Health Intermediate Sub LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Erik C. Pahl

Name of Person

LifeCare Management Sevices

Firm/Company

5340 Legacy Dr. Ste. 150

Address

Plano TX 75024

City/State and Zip Code

erik.pahl@lifecare-hospitals.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mira Lafferton

Name of Contact Person

at (469)

Area Code

241-2122

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2017

ERIK C. PAHL
LIFECARE MANAGEMENT SERVICES
5340 LEGACY DR., STE 150
PLANO, TX 75024

SUBJECT: LIFECARE HOME HEALTH INTERMEDIATE SUB LLC
Ref. Number: W17000038323

RECEIVED
2017 MAY 22 PM 4:16
TALLAHASSEE, FLORIDA

We have received your document for LIFECARE HOME HEALTH INTERMEDIATE SUB LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 217A00008754

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LifeCare Home Health Intermediate Sub LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Erik C. Pahl

Name of Person

LifeCare Management Services

Firm/Company

5340 Legacy Dr. Ste. 150

Address

Plano TX 75024

City/State and Zip Code

erik.pahl@lifecare-hospitals.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mira Lafferton

Name of Contact Person

469

Area Code

241-2122

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LifeCare Home Health Intermediate Sub LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-5354112

(FBI number, if applicable)

4. 2/10/2017

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5340 Legacy Dr. Ste. 150

(Street Address of Principal Office)

Plano, Texas 75024

6. 5340 Legacy Dr. Ste. 150

(Mailing Address)

Plano, Texas 75024

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation

(City)

, Florida 33324

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Kimberly Baggett

Assistant Secretary

Kimberly Baggett
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

CEO

Jim Murray

5340 Legacy Dr. Ste. 150
Plano, TX 75024

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

Erik C. Pahl

Signature of an authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Erik C. Pahl

Typed or printed name of signer

FILED
DIVISION OF STATE
SECRETARY OF CORPORATIONS
17 MAY 22 PM 2:38

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFECARE HOME HEALTH INTERMEDIATE SUB LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 22 PM 2:38



6312842 8300

SR# 20173501379

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202538828

Date: 05-15-17