

M2000005419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

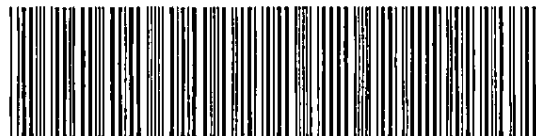
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W20000061809

Office Use Only



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2020 JUN 17 11:59 AM

T GLASS

JUN 22 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2020

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: HOMECARE THERAPIES L.L.C.  
Ref. Number: W20000061809

We have received your document for HOMECARE THERAPIES L.L.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$55.00.

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) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 220A00012034

2020 JUN 17 PM 8:33

Please keep original file  
date. Thank you!

2020 JUN 19 PM 1:54

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 6/18/20**

**NAME: HOMECARE THERAPIES LLC**

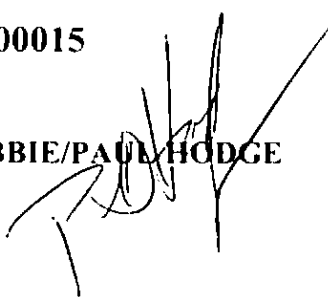
**TYPE OF FILING: APPLICATION**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



2020.6.17 11:03:33

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **HEMOCARE THERAPIES L.L.C.**

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:

ALAN GOLDBERGER

Name of Person

ALAN J GOLDBERGER CPA

Firm/Company

462 7TH AVE, 12FL

Address

NY, NY 10018

City/State and Zip Code

AGOLDBRGER@AJGCPA.COM

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

For further information concerning this matter, please call:

ALAN GOLDBERGER

516

413.8395

Name of Contact Person

at ( )

Area Code

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

2023 JUN 17 11:33

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HOME CARE THERAPIES L.L.C.  
(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. NY 11-3407141  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

4. 20 JERUSALEM AVE, HICKSVILLE, NY 11801 20 JERUSALEM AVE, HICKSVILLE, NY 11801  
(Street Address of Principal Office) (Mailing Address)

DAVID GROSSMAN

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee . Florida 32301  
(City) (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.

[Signature]  
(Registered agent's signature)

2023-11-17 16:33

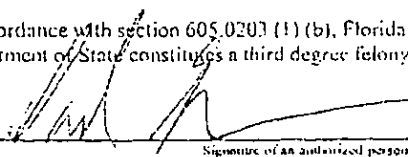
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: DAVID GROSSMAN	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 20 Jerusalem Ave, Hicksville, NY 11801	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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.

  
 \_\_\_\_\_  
 Signature of an authorized person

DAVID GROSSMAN

\_\_\_\_\_  
 Typed or printed name of signer

**State of New York  
Department of State } ss:**

*I hereby certify, that HOMECARE THERAPIES L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/15/1997, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 18th day of May  
two thousand and twenty.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State