

FOI 0000000633

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFE LINE HOME CARE 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:

JOE H. PORTIER
(Name of Person)
MEEKS, ROBERTS, ASHLEY, SUMNER & SIRMANS, LLP
(Firm/Company)
P.O. BOX 605
(Address)
OCILLA, GEORGIA 31774
(City/State and Zip code)

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-01/17/01--01057--001
*****70.00 *****70.00

wel-1368

For further information concerning this matter, please call:

JOE H. PORTIER at (229) 468-7475
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 18, 2001

JOE H. PORTIER
PO BOX 605
OCILLA, GA 31774

SUBJECT: LIFE LINE HOME CARE SERVICES, INC.
Ref. Number: W01000001368

We have received your document for LIFE LINE HOME CARE SERVICES, INC. and your check(s) totaling \$70.00. 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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 201A00002873

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. LIFE LINE HOME CARE 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. TIFT COUNTY, GEORGIA 3. 58-2125411
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/15/94 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. SEPTEMBER 1, 2000
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1610 MADISON AVE TIFTON, GEORGIA 31794
(Principal office address)
- 1610 MADISON AVE TIFTON, GEORGIA 31794
(Current mailing address)

8. HOME HEALTH CARE
(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: RONNIE C DANIEL

Office Address: 1426-2-3 LIME STREET

FERNANDINA BEACH

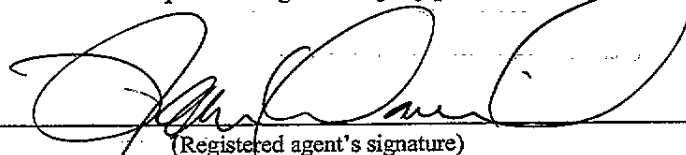
(City)

, Florida 32034

(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: RONNIE C DANIEL

Address: 412 SATILLA ROAD

OCILLA GA 31774

Vice Chairman: MARCUS B. LOTT

Address: 2803 CARMICHAEL DRIVE

TIFTON GA 31794

Director: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RONNIE C DANIEL

Address: 412 SATILLA ROAD

OCILLA GA 31774

Vice President: _____

Address: _____

Secretary: MARCUS B LOTT

Address: 2803 CARMICHAEL DRIVE, TIFTON GA 31794

Treasurer: MARCUS B LOTT

Address: 2803 CARMICHAEL DR, TIFTON GA 31794

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TALLAHASSEE, FLORIDA

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. RONNIE C DANIEL, PRESIDENT

(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 010260411
CONTROL NUMBER : K418017
DATE INC/AUTH/FILED: 07/15/1994
JURISDICTION : GEORGIA
PRINT DATE : 01/26/2001
FORM NUMBER : 211

JOE H. PORTIER
P O BOX 605
OCILLA, GA 31774

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

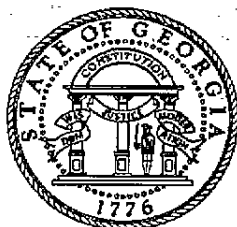
LIFE LINE HOME CARE SERVICES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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SECRETARY OF STATE
TALLASSEE, FLORIDA



Cathy Cox
Secretary of State