

F9 NATIONAL  
HOME CARE SYSTEM 0000934

February 23, 1995

Florida Department of State  
Qualification/Tax Lien Sec.  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find our check # 46631 in the amount of \$78.75. This check is to cover the cost of the \$35.00 filing fee, \$35.00 registered agent designation fee and \$8.75 for a certificate of status.

Sincerely,  
NATIONAL HOMECARE SYSTEMS, INC.

*Michael Dioguardi*

Michael Dioguardi  
Corporate Counsel

STATE OF FLORIDA  
-02/24/95- 01008- 003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

*None OK - HC*

*JDZ/24*  
95 FEB 24 PM 2:07  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

SUBJECT: NATIONAL HOMECARE SYSTEMS, 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:

MICHAEL J. DIAGUARDI  
(Name of Person)  
NATIONAL HOMECARE SYSTEMS, INC.  
(Firm/Company)  
10 W. KENZIE ST.  
(Address)  
CHICAGO, IL. 60610  
(City, State and Zip Code)

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

MICHAEL DIAGUARDI at 312 1321-6248.  
(Name of Person) Area Code & Daytime Telephone Number

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 24 PM 2:07

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. NATIONAL Home Care Systems, 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. ILLINOIS 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCTOBER 31, 1973 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOT APPLICABLE - NEVER TRANSACTED BUSINESS IN FLORIDA  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 10 WEST KENZIE STREET  
CHICAGO, ILLINOIS 60610  
(Current mailing address)
8. OWN AND OPERATE A HOME HEALTH AGENCY  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: THE FRENCH-HALL CORPORATION SYSTEM, INC  
Office Address: 1201 HAYES STREET, SUITE #105  
TALLAHASSEE, Florida, 32301  
(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:

A. DIRECTORS

Chairman: W. Andrew Wright  
Address: 10 West Kinzie Street  
Chicago, IL 60610

Vice Chairman: Mark S Heaney  
Address: 10 W. Kinzie Street  
CHICAGO, IL 60610

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: W. Andrew Wright  
Address: 10 West Kinzie Street  
Chicago, IL 60610

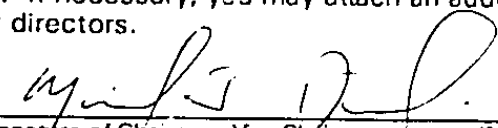
Vice President: Mark S Heaney  
Address: 10 W. Kinzie Street  
CHICAGO, IL 60610

Secretary: Elaine M. Wright  
Address: 10 W. Kinzie Street  
CHICAGO, IL 60610

Treasurer: Keith Rancure  
Address: 10 W. Kinzie Street  
CHICAGO IL 60610

FEDERAL  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 24 PM 2:07

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)

SEE ATTACHED

14. MICHAEL J. DiGuardi, ASSISTANT SECRETARY  
(Typed or printed name and capacity of person signing application)

**ADDITIONAL OFFICERS OF NATIONAL HOMECARE SYSTEMS, INC.**

Assistant Secretary: Michael J. Dioguardi  
Address: 10 West Kinzie Street  
Chicago, IL 60610

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 24 PM 2:07

File Number 5033-651-4

STATE OF ILLINOIS  
OFFICE OF  
THE SECRETARY OF STATE



To all to whom these presents shall come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,  
do hereby certify that

NATIONAL HOMECARE SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE OCTOBER 31, 1973, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*

In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois this 16TH day of  
FEBRUARY 19 95

*George H. Ryan*  
SECRETARY OF STATE

RECEIVED  
FEB 24 11 30 AM '95  
SECRETARY OF STATE

**NATIONAL**  
**HOMECARE SYSTEMS**

**F95000000934**

To, Secretary of State

200001695382  
-01/23/96--01012--016  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Please file the enclosed Amended Statement by a Foreign Corporation and return a file-stamped copy to the undersigned. Please call me immediately should you have any questions regarding this matter.

Very truly yours,

*Michael J. Dioguardi*  
Michael J. Dioguardi  
Corporate Counsel

**FILED**  
96 JAN 22 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NR Same as R95000005746

*N/c*

VS JAN 30 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 20, 1995

CSC NETWORKS  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

The name ADDUS HEALTHCARE, INC. has been reserved for 120 days beginning December 20, 1995. The reservation number is R95000005746 and this reservation is **NONRENEWABLE**.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lantham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter , attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Ruth Leonard

Letter number: 795A00054784



APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMEND-  
MENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

(s. 607.1504, F.S.)

FILED  
96 JAN 22 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SECTION I (1-3 must be completed)

1. National Homecare Systems, Inc.  
Name of corporation as it appears on the records of the Department of State.
2. Incorporated under laws of: Illinois
3. Date authorized to do business in Florida: February 24, 1995

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

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:

Addus HealthCare, Inc.

6. If the amendment changes the period of duration, indicate new period of duration.

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Michael J. Dioguardi  
Signature  
Michael J. Dioguardi  
Typed or printed name

1/18/96  
Date  
Asst. Secretary  
Title

State of Illinois  
Office of  
The Secretary of State

Whereas, ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF NATIONAL HOMECARE SYSTEMS, INC. INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 16TH day of JANUARY A.D. 19 96 and of the Independence of the United States the two hundred and 20TH .



*George H. Ryan*

Secretary of State

Form **BCA-10.30**  
(Rev. Jan. 1991)

# ARTICLES OF AMENDMENT

File # 5033-651-4

George H. Ryan  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-1832

**SUBMIT IN DUPLICATE**

# FILED

JAN 16 1996

**GEORGE H. RYAN**  
**SECRETARY OF STATE**

This space for use by  
Secretary of State

Date 1/16/96  
Franchise Tax \$  
Filing Fee\* \$ 25.00  
Penalty \$

Approved: 

Remit payment in check or money  
order, payable to "Secretary of State."

1. CORPORATE NAME: National Homecare Systems, Inc.

(Note 1)

2. MANNER OF ADOPTION:

The following amendment of the Articles of Incorporation was adopted on December 15, 1995

19 \_\_\_\_ in the manner indicated below. ("X" one box only)

By a majority of the incorporators, provided no directors were named in the articles of incorporation and no directors have been elected; or by a majority of the board of directors, in accordance with Section 10.10, the corporation having issued no shares as of the time of adoption of this amendment;

(Note 2)

By a majority of the board of directors, in accordance with Section 10.15, shares having been issued by shareholder action not being required for the adoption of the amendment;

(Note 3)

By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number of votes required by statute and by the articles of incorporation were voted in favor of the amendment;

(Note 4)

By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholders having not less than the minimum number of votes required by statute and by the articles of incorporation. Shareholders who have not consented in writing have been given notice in accordance with Section 7.10;

(Note 4)

By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by all the shareholders entitled to vote on this amendment.

(Note 4)

(INSERT AMENDMENT)

*ny article being amended is required to be set forth in its entirety.) (Suggested language for an amendment to change the corporate name is RESOLVED, that the Articles of Incorporation be amended to read as follows:)*

ADDUS HEALTHCARE, INC.

(NEW NAME)

# EXPEDITED

JAN 16 1996 <sup>12-26</sup>

**SECRETARY OF STATE**

3. The manner in which any exchange, reclassification or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for or effected by this amendment, is as follows: (If not applicable, insert "No change")

No change

4. (a) The manner in which said amendment effects a change in the amount of paid-in capital (Paid-in capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts) is as follows: (If not applicable, insert "No change")

No change

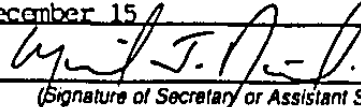
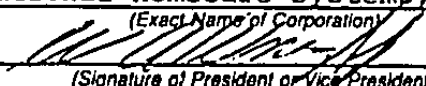
(b) The amount of paid-in capital (Paid-in Capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts) as changed by this amendment is as follows: (If not applicable, insert "No change")

No change

	Before Amendment	After Amendment
Paid-in Capital	\$ _____	\$ _____

(Complete either Item 5 or 6 below)

5. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.

Dated <u>December 15</u> , 19 <u>95</u>	<u>National Homecare Systems, Inc.</u> <small>(Exact Name of Corporation)</small>
attested by <u></u> <small>(Signature of Secretary or Assistant Secretary)</small>	by <u></u> <small>(Signature of President or Vice President)</small>
<u>Michael J. Dioguardi Asst. Sec.</u> <small>(Type or Print Name and Title)</small>	<u>W. Andrew Wright President</u> <small>(Type or Print Name and Title)</small>

6. If amendment is authorized by the incorporators, the incorporators must sign below.

OR

If amendment is authorized by the directors and there are no officers, then a majority of the directors or such directors as may be designated by the board, must sign below.

The undersigned affirms, under the penalties of perjury, that the facts stated herein are true.

Dated December 15, 19 95

_____	_____
_____	_____
_____	_____
_____	_____