81.

E01000007843

ehomecare.com, Ltd.

(Name of Taxpayer(s))

May 7, 2001 (Date)

INSTRUCTIONS FOR FILING ENCLOSED STATE DOCUMENTS

form enclosed <u>FL</u> See	salary of Stake	- (2 Forms)	·· <u> </u>
DATE AND SIGNATURES REQUI	IRED:	-0000 -0 *	042166504 5/15/0101016009 ****70.00 *****70.00 artner fficer(KICH)
Amount due with form		Due Date ASP	H
signature	SPECIAL INSTRUCTIO	articles of inci	
) Check	5) copies - 1	articles of inci	orpovasion
) additional sheets) Centrificate of Good Stuni	ding		W01-11115
PAYMENT TO:	<u>.</u>		
X DIVISION of Cor	paratrons		N T
MAIL:		e e e e e e e e e e e e e e e e e e e	
Send original form	to: X Send ori	ginal form and	check to:
ADDRESS:			nth
Registration Section			5/31
P.D. Box 6327	ations	·	
Tallahassee FL 3	2314	=	La transfer

TRANSMITTAL LETTER

TO: Registration Section	
Division of Corporations	in the state of th
, T. 7	
SCHOLECT:	
(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:	•
Richard Guerin	
(Name of Person)	277 To S. V. V. L
ehomecare.com, Ltd.	
(Firm/Company)	<u></u>
23 Orchard Road Suite #3	
(Address)	
Skillman, NJ 08558	
(City/State and Zip code)	
promition of the second	
For further information concerning this matter, please call:	9 1 9 1 garante
For further information concerning this matter, please call:	g _ v annek - -
Debra Wilson	
(Name of Person) at (908) 904-1150 (Area Code & Daytime Telephone Number)	
(Alea Code & Dayline Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Fallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$\forall \text{\$\forall \$70.00 Filing Fee} \text{ \begin{align*} \begin{align*} \text{\$\forall \$78.75 Filing Fee} & \begin{align*} \begin{align*} \text{\$\forall \$78.75 Filing Fee} & \begin{align*} \begin{align*} \text{\$\forall \$87.50 Filing Fee} & \begin{align*} \begin{align*} \begin{align*} \text{\$\forall \$87.50 Filing Fee} & \begin{align*} \begin{align*} \begin{align*} \text{\$\forall \$87.50 Filing Fee} & \begin{align*} \	s & ***********************************



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 16, 2001

RICHARD GUERIN 23 ORCHARD RD, STE #3 SKILLMAN, NJ 08558

SUBJECT: EHOMECARE.COM, LTD.

Ref. Number: W01000011115

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

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 901A00029678

APPLICATION BY FORÉIGN 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.

Delawar		if not so contained in	,	52 - 209	6517			<u></u> .	
		w of which it is inco	rporated)	(FEI numbe	r, if applicab	ole)		
March 31			5	Perpetu	18.1				· <u>·</u>
	of incorpor	ation)		(Duration: Year	r corp. will	cease to exis	st or "perpetua	.l")	
January	1, 2001					Line and House	an avalitication		.= .
Date first transa	cted business	s in Florida. If corpo (SEE SECTIO	ration has not NS 607.1501	transacted busine , 607.1502 and 81	ss in Florid .7.155, F.S.	a, insert "up .)	ou diamicano	31. j	
23 Orcha	rd Road	Suite #3_		Skillman_	ЦИ	08558 _		<u> </u>	
		(Princi	pal office add	ress)					
23 Orcha	rd Road	Suite #3	_	Skillman	K	08558			
		(Сите	nt mailing add	lress)		•			•
Applicat	ion Serv	ices Provider			<u> </u>				
(Purpose	(s) of corpora	ation authorized in ho	ome state or co	ountry to be carrie	d out in sta	te of Florida) ; 🛁	<u> </u>	İ
Name and st	reet addr <u>es</u>	<u>s</u> of Florida regist	ered agent:	(P.O. Box or M	iail Drop I	30x <u>NOT</u> 2	(cceptable)		
Name:		Excelsior Co						ب ال	
ffice Address:	4435 Old	l Winter Garde	n Lane						- : ::::
	Orlando		-	, Florida	32811				
		(City)	<u></u>	,	(Zip coc	le)			

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.

Mard D. Mar Ass't Socy

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.

Blimberg Excellia) (

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

A. DIRECTO	•	•	4					
Chairman:	See Attached Sheet		· ·					
Address:		* 100						
				- <u></u>				
Address:	·							
					·-····································			
Director:		, 0 111.111.						
					<u> </u>		<u>-</u>	
Director:		<u> </u>	<u></u>	•				
Address:		····						
B. OFFICER	s.				基 籍	9		
<u></u>	See Attached Sheet					-		-
Address:		-1		····	1 -	(3)	grante A grantes	
		Tribes.			4 - 4. ·	2 m ¶ 2m - Opt 2m	*	·
Vice President:			:			5		٠
					jū.	<i>∵</i> •		
	-				· · · · · · · · · · · · · · · · · · ·			
Secretary:								
Address:			···					
Treasurer:				 	•			
Address:		**	······································					
NOTE: If nece	essary, you may attach an addendum	to the application	n lietina addi:	ional officer a		_4		
13.	DILL	to the application			ma/or aire	•	1 4=1	٠.
<u></u>	(Signature of Chairman, Vice Chair	rman, or any offic	er listed in n	umber 12 of the	e application			
4. Rícha	rd Guerin, President	· ·	٤.					
	(Typed or printed name and	d capacity of pers	on signing ap	plication)				

EHOMECARE.COM, LTD. - 52-2096517

ATTACHMENT - OFFICERS

01 IN 29 TO 56

NAME	SS#	TITLE	ADDRESS	TELEPHONE
Norman M. Hinerfeld	137-22-2546	Chairman	6 Oak Lane	908-904-1150
			Larchmont, NY	
Richard Guerin	197-46-4423	President	10 Ellery Court	908-904-1150
			Belle Mead, NJ 08502	
Michael Triggiano	262-79-4837	Vice President	10000 Bradwell Court	908-904-1150
C		Product Dev.	Raleigh, NC 27613	
Bonnie Marcus	049-42-6815	Vice President	6 Horseshoe Lane	908-904-1150
		Sales	Westport, CT 06880	
Constance Guerin	191-38-5825	Office Manager	10 Ellery Court	908-904-1150
		,	Belle Mead, NJ 08502	

EHOMECARE.COM, LTD. - 52-2096517

ATTACHMENT - DIRECTORS

01 RAY 29 PA # 15

ATTACHMENT - DIRECTORS		
NAME	RESIDENCE ADDRESS	BUSINESS ADDRESS
Chris Moller	72126 Goshen Road	TL Ventures
Managing Director	Newtown Square, PA 19073	700 Building
	•	Wayne, PA 19087-1990
Gil Osnos	38 Doral Farm Road	Osnos & Company
Chairman	Stamford, CT 06902	230 Park Avenue
		Suite C-301
		New York, NY 10169
Toni Kotin	2214 North Dayton	Internet Healthcare Group
Senior Vice President	Chicago, IL 60614	22 Wateville Road
		Avon, CT 06001
Rene Lerer	29 Saint Andrews Drive	Internet Healthcare Group
President	Avon, CT 06001	22 Waterville Road
1		Avon, CT 06001
Norman M. Hinerfeld	11 Oak Lane	ehomecare.com, Ltd.
Chairman	Larchmont, NY 10538	1983 Marcus Avenue
-		Suite 107
		Lake Success, NY 11042-3200
Richard Guerin	10 Ellery Court	ehomecare.com, Ltd.
President	Belle Mead, NJ 08502	23 Orchard Road
		Suite #3
		Skillman, NJ 08558
Richard Bohmer	9 Linwood Road	Harvard Business School
Lecturer	Wellsley, MA 02481	Morgan Hall
	•	Terrace Level, T90
		Boston, MA 02163

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EHOMECARE.COM, LTD." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF APRIL, A.D. 2001.

01 W 29 R 9 R

Darriet Smith Windson, Secretary of State

AUTHENTICATION: 1068943

010140571

2878652 8300

DATE: 04-06-01