F000000002342

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	. <u></u> .
SUBJECT: <u>CareTrace Inc.</u> (Name of corporation)	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	
Attorney-at-Lau (Firm/Co	-04/13/0001038006 \$
Should you need to call someone concerning this matter. Linda Robism at (94) (Name of Person) (Area	
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 4/28
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy

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. (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.) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 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) Office Address: now or horeafter 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) See affactment for

(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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)			
Chairman: John Garner			
Address: 11544 Deprey Landing Way		· ·	<u> </u>
Fort Myers Fl 33908			
Vice Chairman: Landon Kite Jr.	_		
Address: 5130 Copble Creek (4. #202			
Naples, FL 34/10			
Director: Rick D. Mace			
Address: 1528 Foxden Road			<u> </u>
Apopka FL 32712			
Director: Robert A. Robison			 .
Address: 6450 Pine Ave			
Sambel FL 33957			······································
B. OFFICERS (Street address only - P.O. Box NOT acceptable)		र के के वि	<u> </u>
President: John Garner			<u> </u>
Address: 11544 Osprey Landing Way	ALCA	0	
Fort Myets / FL 33908		S T	. ±
Vice President: Landon Kite		20	
Address: 5130 Cobble Creek C+ #202)
Naples, FL 34110		ين ث	
Secretary: Landon Kite		320	
Address: 5130 Cabble Creek C+ #202	-		
Naples FL 34110	_		
Treasurer: John Garner			
Note 115114 1 00 100 101			
Fact Miles Fl Jacons			 -
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or dire			 -
12 (VVIII /NI par)			
(Signifure of Chairman, Vice Chairman, or any officer listed in number 12 of the application of the applicat	ion)		
14. John Garner Chairman (Typed or printed name and capacity of person signing application)	<u> </u>		
(-77 or k-more many and enhants or herson signing application)			

Additional Directors

Ross Jamison 11321 Compass Point Drive Fort Myers, Florida 33908

Dr. Richard Pegnetter 3445 Marbella Ct Bonita Springs, FL 34134

> MAR 20 M 9 56 CHETTAT OF STATE

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT. BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CARETRACE, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED FHI SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AFFIXED BALTIMORE ON THIS MARCH 13, 2000.

Paul B. Anderson Charter Division O MAR 20 M 9 56
ECLE LAT OF STATE
LIE MASTER FIORDA



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0000554084
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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