

REFERENCE

4324512

AUTHORIZATION

COST LIMÍT

ORDER DATE: March 8, 2002

ORDER TIME : 10:50 AM

ORDER NO. : 446747-015

CUSTOMER NO: 4324512

400005097254--2

CUSTOMER:

Carmen N. Ramos, Legal Asst

Wormser, Kiely, Galef & Jacobs

399 Knollwood Road

White Plains, NY 10603

FOREIGN FILINGS

THERACARE STAFFING SERVICES.

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: NORMA HULL- EXT# 1115

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIAN REGISTER A F	CE WITH SECTION 607.1503, FLORIDA STA OREIGN CORPORATION TO TRANSACT BL	ATUTES, THE FOLLOWING IS SUBMIT SINESS IN THE STATE OF FLORIDA	高 2
I Thera	aCare Staffing Services, Inc.	•	
(Name of corp words or abbre	oration; must include the word "INCORPORATED eviations of like import in language as will clearly in or partnership if not so contained in the name at pre-	ndicate that it is a corporation instead of a	K. 51.16
2 Dela	ware .		7
	ware3 y under the law of which it is incorporated)	(FEI number, if applicable)	·
	• •	• •	
	te of incorporation) 5.	Perpetual	····
(20	(incorporation)	Duration: Year corp. will cease to exist or "pe	rpetual")
	UALIFICATION	<del></del>	
	acted business in Florida. If corporation has not tra (SEE SECTIONS 607.1501, 60	07.1502 and 817.155, F.S.)	ification.")
78th_ <u>Flo</u>	or. 116 West 32nd Street New Yor	k, NY 10001	
	(Principal office address	s)	
same_as	s above		
	(Current mailing address	s)	·
Staffing	g Services		
(Purpose	(s) of corporation authorized in home state or count	ry to be carried out in state of Florida)	
	reet address of Florida registered agent: (P.		Ie)
Name:	Corporation Service Company		· · ·
Office Address:	1201 Hays Street		_:
	Tallahassee,	m 30201	
	(City)	, Florida <u>32301</u> (Zip code)	
Having been nai designated in thi further agree to	agent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointment comply with the provisions of all statutes related familiar with and accept the obligations of metables.  BY: PATRICK LALOR, ASSISTANT SECRETARE  Additional Company of the control of the contr	of process for the above stated corporation to as registered agent and agree to act in the tive to the proper and complete performany position as registered agent.	this canacity T
	tregisteren agent 2 zignat	ture)	

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 business addresses of officers and/or directors:

## A. DIRECTORS

rector :	John Calderon
Address: _	415 Concord Street
	Cresskill, New Jersey 07626
	10 mg
Address	
Director:	Er o
Address:	and the second s
Address:	
_	
B. OFFIC	ERS
President:	John Calderon
Address:	415 Concord Street
	Cresskill, New Jersey 07626
Vice Preside	nt: <u>Nancy Calderon</u>
	222 Centre Avenue
_	New Rochelle, New York 10805
Secretary:	•
	Nancy Calderon
	See Above David Chartoff
Treasurer: _	
Address:	3 Fable Road - St. James, New York 11780
NOTE: If	necessary you may attach an addendum to the application listing additional officers and/or directors.
	The state of addendant to the application fishing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14.	
	(Typed or printed name and capacity of person signing application)

## Delaware

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## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THERACARE STAFFING SERVICES AND 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 EIGHTH DAY OF MARCH, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Darriet Smith Windson

farriet Smith Windsor, Secretary of State

AUTHENTICATION: 1655724

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--- DATE: 03-08-02