



F02 00000 3268

ACCOUNT NO. : 072100000032

REFERENCE : 639045 7225868

AUTHORIZATION :

Patricia Pujols

COST LIMIT : \$ 70.00

ORDER DATE : June 25, 2002

ORDER TIME : 9:39 AM

ORDER NO. : 639045-005

CUSTOMER NO: 7225868

CUSTOMER: Ms. Kathleen A. Ellison
Mintz, Levin, Cohn, Ferris,
157 Church Street
20th Floor
New Haven, CT 06510

8000006038868-0

FOREIGN FILINGS

NAME: SIENA HEALTH, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: _____

FILED
02 JUN 26 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 JUN 26 AM 10:27
DEPARTMENT OF STATE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

[Handwritten signature]

**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. Siena Health, 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. Delaware 3. 01-0706331
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 13, 2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 90 State House Square, Hartford, CT 06103

(Current mailing address)

8. Any lawful act/activity for which a corporation may be organized in Delaware and/or Florida.
(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: Corporation Service Company

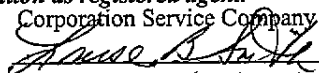
Office Address: 1201 Hays Street

Tallahassee, Florida, 32301
(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company


(Registered agent's signature)

Louise B. Smith, AVP

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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: Jeffrey Kinell

Address: 90 State House Square, Hartford, CT 06103

Director: Lawrence Kries

Address: 90 State House Square, Hartford, CT 06103

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Lawrence Kries

Address: 90 State House Square, Hartford, CT 06103

Vice President: Jeffrey Kinell

Address: 90 State House Square, Hartford, CT 06103

Secretary: Jeffrey Kinell

Address: 90 State House Square, Hartford, CT 06103

Treasurer: Jeffrey Kinell

Address: 90 State House Square, Hartford, CT 06103

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jeff W Kinell
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jeffrey Kinell, Vice President, Chief Financial Officer, Treasurer and Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

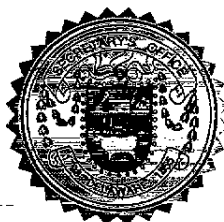
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIENA HEALTH, INC." 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIENA HEALTH, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MARCH, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3502390 8300

AUTHENTICATION: 1851689

020411261

DATE: 06-25-02