TRANSMITTAL LETTED

	•				
TO: Registration Se	ction	·		•	
Division of Con	porations				
SUBJECT: Dist:	inctive Healthcar	e Services, Inc.		- =	
	(Name of co	rporation - must include :	suffix)	<u> </u>	
Dear Sir or Madam:			,		
The enclosed "Applicat "Certificate of Existence to transact business in F		ion for Authorization to ' tted to register the above	Transact Business in F referenced foreign co	Florida", rporation	
Please return all corresp	ondence concerning this	matter to the following:			
	Call a sur	<u> </u>	anndh#	'U2U1U4300	
	(N	ame of Person)	*****	1 <mark>8 - 75 — 李林</mark> 承未来了5	3.75 ·
Rish, Gi	bson & Scholz, P.	Α.			
		rm/Company)	- W	<u> </u>	<u>-</u>
P. O. Bo	× 30	1 37			
	x 39	(Address)	of falce of		
Port St	T 777 00/	•		, 1	
1016 56.	Joe, FL 32457	(C)	. <u> </u>		
	(City/	State and Zip code)		.AE	2
For further information c	oncerning this matter, p	lease call:		IARY OF	
Thomas S. Gibson	a spen en at (8.	50) 229-8211		FI 0	
(Name of Person		Area Code & Daytime Te	elenhone Number)	_ <u> </u>	
		and the state of Daylinic 10	siephone (vumber)	A	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	ion prations		
Enclosed is a check for the	e following amount				
□ \$70.00 Filing Fee (J \$78.75 Filing Fee & Certificate of Status	** \$78.75 Filing Fee Certified Copy	& 🗆 \$87.50 Filin Certificate Certified Co	of Status &	1,
				$-\infty MM$	JV

`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.	Distinctive Healthcare Services, 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.	Virginia 3. 31-1795141	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	· · · · · · · · · · · · · · · · · · ·	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.		
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7.	. 900 One Columbus Center, Virginia Beach, VA 23462	
	(Principal office address)	• •
	900 One Columbus Center, Virginia Beach, VA 23462	
		> · · · · · · · · · · · · · · · · · · ·
		ა თ.
8.	administrative support services	
ο.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	_ =>
9.	Name and <u>street address</u> of Florida registered agent: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	
	Name: Thomas S. Gibson	ဖ္ ပ
	TVAILE.	5
O	Office Address: 206 E. 4th Street	
	Port St. Joe , Florida 32456	
	(City) (Zip code)	<u> - 11 1 </u>
	(O.C.)	
1	10. Registered agent's acceptance:	_
I	Having been named as registered agent and to accept service of process for the above stated corporation at the p	lace : T
d	designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	uy. 1
T.	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.	
и	nuies, and I am fammai with and accept the obligations of my position as registered again.	
		•
	(X /	
	(Registered agent's signature)	_ D-

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. DIRE	CTORS		-
Chairman:			
	₩ 2		
_			<u>-</u>
Vice Chairi	man:	<u></u>	±1.
— Director: _	James Allen Cox		_
	402 Reid Avenue		
_	Port St. Joe, FL 32456		_
Director: _	Jeffrey L. Hartline		
	900 One Columbus Center		
_	Virginia Beach, VA 23462	D2 OCT	_
B. OFFIC		SVE NVER	
President: _	James Allen Cox	SEE, CY UI	
Address: _	402 Reid Avenue		
_	Port St. Joe, FL 32456	34 XID≱	
Vice Preside	ent:		
 Secretary: _	Jeffrey L. Hartline	· · · · · · · · · · · · · · · · · · ·	_ ·
Address:	900 One Columbus Center, Virginia Beach, VA 23462		-
reasurer: _	Jeffrey L. Hartline		
Address:	900 One Columbus Center, Virginia Beach, VA 23462	-	
NOTE: If	necessary, you may at ach an addendum to the application listing additional officers and/or	directors.	
3	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	cation)	
4. Ja	mes Allen Cox, President		
	(Typed or printed name and capacity of person signing application)	 	_

Commontvealth & Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

Distinctive Healthcare Services, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is June 26, 2001.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: October 7, 2002

Joel H. Peck, Clerk of the Commission