

F04000000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

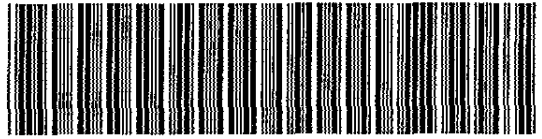
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BR*



UCC FILING & SEARCH SERVICES, INC.  
 526 East Park Avenue  
 Tallahassee, Florida 32301  
 (850) 681-6528

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 UCC SERVICES  
 OFFICE USE ONLY

954837/7875U

January 2, 2004

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Tender Touch Healthcare Services, Inc.

FILED  
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 TALLAHASSEE, FLORIDA

**Filing Evidence**

Plain/Confirmation Copy

Certified Copy

**Type of Document**

Certificate of Status

Certificate of Good Standing

Articles Only

All Charter Documents to Include  
 Articles & Amendments

Fictitious Name Certificate

Other

**Retrieval Request**

Photocopy

Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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. TENDER TOUCH HEALTH CARE SERVICES, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 22-3321058 (State or country under the law of which it is incorporated) (FE) number, if applicable

4. 8/25/1994 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification (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. 1125 Ocean Avenue, Lakewood, NJ 08701 (Principal office address) 1125 Ocean Avenue, Lakewood, NJ 08701 (Current mailing address)

8. To provide health care attendants to private clients. (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: UCC Filing & Search Services, Inc.

Office Address: 526 East Park Avenue Tallahassee, Florida 32301 (City) (Zip code)

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.

Ed Hand President (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 which it is incorporated.

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

**A. DIRECTORS**

Chairman: Moses Schwartz

Address: 1009 West Kennedy Blvd,  
Lakewood, NJ 08701

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Moses Schwartz

Address: 1009 West Kennedy Blvd,  
Lakewood, NJ 08701

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

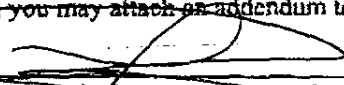
Secretary: Moses Schwartz

Address: 1009 West Kennedy Blvd, Lakewood, NJ 08701

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Moses Schwartz, President  
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

TENDER TOUCH HEALTH CARE SERVICES, INC.

100598533

*With the Previous or Alternate Name*

ADVANCED HEALTH & WELLNESS CENTER (Alternate Name)

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on August 25, 1994.*

*As of the date of this certificate, said business  
continues as an active business in the State of New  
Jersey. Annual Reports are outstanding for the  
following year(s):*

1999

2000

2001

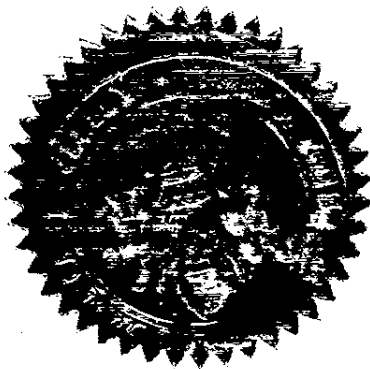
*I further certify that the registered agent and  
registered office are:*

Moses Schwartz  
450 East Kennedy Blvd  
Lakewood, NJ 08701

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

*TENDER TOUCH HEALTH CARE SERVICES, INC.*



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
29th day of December, 2003*

A handwritten signature in cursive script, appearing to read "John E. McCormac".

*John E McCormac, CPA  
State Treasurer*