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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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LC 02/04/04

Sp

CAPITOL SERVICES, INC.



Date: 1/16/2004
To: Florida Secretary of State, Division of Corporations

Transaction #: 162346
From: Gayle Windle
Capitol Services/Austin

Mailing Address: PO Box 6327
Tallahassee, FL 32314
Phone: 850-488-9000
Fax:

Phone: 800-345-4647
Fax: 800-432-3622

Subject: GENEZEN HEALTHCARE, INC.
Jurisdiction: Secretary of State, FL
Task: Preparation & Filing : Qualification

Please find one original and one copy of the Application for Authorization to Transact Business for the corporation named above.

The company has included a check in the amount of \$70.00 to cover the cost of the filing.

Please return evidence of filing using the prepaid envelope enclosed.

COPY INSTRUCTIONS:

Please mail to:
Gayle Windle
Capitol Services/Austin
PO Box 1831
Austin TX 78767

Thank you!

Gayle Windle

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**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. Genezen Healthcare, 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. 80-0068014
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 29, 2003 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. 4975 Preston Park Blvd., Suite 150, Plano, Texas 75093
(Principal office address)
4975 Preston Park Blvd., Suite 150, Plano, Texas 75093
(Current mailing address)
8. The provision of medicinal infusion services
(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: Capitol Corporate Services, Inc.
Office Address: 1333 N Duval St. 32303
Tallahassee, Florida 32303
(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.

Bayle Wendle, asst. sec.
(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.

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

A. DIRECTORS

Chairman: Terry McCord

Address: 4975 Preston Park Blvd., Suite 150
Plano, Texas 75093

Vice Chairman: Steve Peterson

Address: 4975 Preston Park Blvd., Suite 150
Plano, Texas 75093

Director: Tony Levecchio

Address: 4975 Preston Park Blvd., Suite 150
Plano, Texas 75093

Director:

Address:

B. OFFICERS

President: Terry McCord

Address: 4975 Preston Park Blvd., Suite 150
Plano, Texas 75093

Vice President:

Address:

Secretary: Tony Levecchio

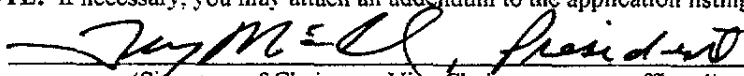
Address: 4975 Preston Park Blvd., Suite 150, Plano, Texas 75093

Treasurer: Steve Peterson

Address: 4975 Preston Park Blvd., Suite 150, Plano, Texas 75093

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

13.



(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Terry P. McCord, President

(Typed or printed name and capacity of person signing application)

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Delaware

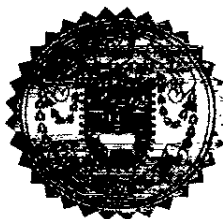
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENEZEN HEALTHCARE, 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 SEVENTH DAY OF JANUARY, A.D. 2004.

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

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2856030

040012031

DATE: 01-07-04