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Florida Department of State
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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

HEART TO HEART HOME CARE, INC.

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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. HEART TO HEART HOME CARE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 22-3614874

(FEI number, if applicable)

4. 10/27/1998

(Date of incorporation)

5. PERPETUAL

(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. 140 CEDAR SWAMP RD JACKSON, NJ 08527-4504

(Principal office address)

140 CEDAR SWAMP RD JACKSON, NJ 08527-4504

(Current mailing address)

8. COMPANIONSHIP, HOUSEKEEPING, LAUNDRY, SHOPPING, ETC.

(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: JANET CLONIE

Office Address: 4170 SAXON DR.

NEW SMYRNA BEACH

(City)

, Florida 32169

(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.

x Janet Clonie
(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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **BARBARA FOLEY**Address: **140 CEDAR SWAMP RD JACKSON, NJ 08527-4804**

Director: _____

Address: _____

B. OFFICERSPresident: **JANET CLUNIE**Address: **P.O. BOX 648 NEW SMYRNA BEACH, FL 32169**

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. ☒ Janet Clunie

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

14. **JANET CLUNIE, PRESIDENT**

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

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

HEART TO HEART HOME CARE, INC.
0100761789

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 October 27, 1998.

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
2001

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

Janet Clunie
5 Shrewsbury Dr.
Mormouth Beach, NJ 07750

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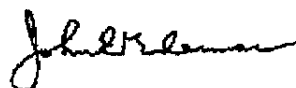
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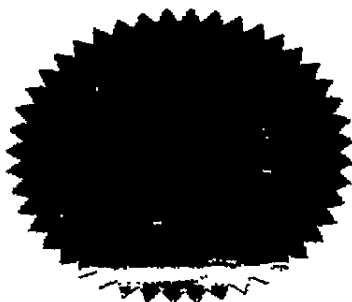
STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

HEART TO HEART HOME CARE, INC.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
18th day of July, 2005



John E McCormac, CPA
State Treasurer



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