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TALLAHASSEE, FLORIDA

FOREIGN PROFIT QUALIFICATION**INDAGO HEALTHCARE OF FLORIDA, INC.**

Certificate of Status	1
Certified Copy	0
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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. INDAGO HEALTHCARE OF FLORIDA, 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. Delaware

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

3.

(FEI number, if applicable)

4. June 17, 2005

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification.

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 860 US Highway 1, North Palm Beach, FL 33408

(Principal office address)

860 US Highway 1, North Palm Beach, FL 33408

(Current mailing address)

8. Home healthcare 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 NOT acceptable)

Name: Mark Kovinsky

Office Address: 860 US Highway 1

North Palm Beach,

(City)

, Florida 33408

(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.

(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. DIRECTORSChairman: Raymond MirraAddress: 860 US Highway 1, North Palm Beach, FL 33408

Vice Chairman: _____

Address: _____

Director: Mark KovinskyAddress: 860 US Highway 1, North Palm Beach, FL 33408Director: Maia VanGunttenAddress: 860 US Highway 1, North Palm Beach, FL 33408**B. OFFICERS**President: Raymond MirraAddress: 860 US Highway 1, North Palm Beach, FL 33408

Vice President: _____

Address: _____

Secretary: Mark KovinskyAddress: 860 US Highway 1, North Palm Beach, FL 33408Treasurer: Mark KovinskyAddress: 860 US Highway 1, North Palm Beach, FL 33408**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. Mark Kovinsky, Secretary

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

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Delaware

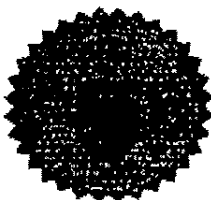
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INDAGO HEALTHCARE OF FLORIDA, 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 TWELFTH DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INDAGO HEALTHCARE OF FLORIDA, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2005.

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

AUTHENTICATION: 4088623

3987337 8300

050666976

DATE: 08-12-05

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