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(Business Entity Name)

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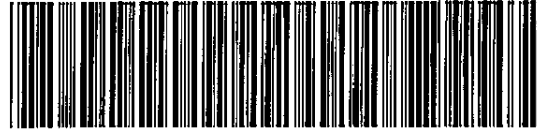
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W05-43934

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09/12/15--01043--004 **70.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 21, 2005

BRIAN L. SCHLEICHER
11625 RAINWATER DIVE
SUITE 350
ALPHARETTA, GA 30004

SUBJECT: CAREMINDERS HOME CARE, INC.
Ref. Number: W05000043934

We have received your document for CAREMINDERS HOME CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 505A00057898

7-11-88
8-11-88 -6 10:10

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Careminders Home Care, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brian L. Schleicher

(Name of Person)

RJSJ, LLP

(Firm/Company)

11625 Rainwater Drive, Suite 350

(Address)

Alpharetta, Georgia 30004

(City/State and Zip code)

For further information concerning this matter, please call:

Brian L. Schleicher

(Name of Person)

at (770) 667-1290

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|



ATTORNEYS
AT LAW

Robinson, Jampol, Schleicher & Jacobs, LLP

11625 Rainwater Drive
Suite 350
Alpharetta, Georgia 30004
Telephone: 770.667.1290
Facsimile: 770.667.1690
www.roblaw.com

September 15, 2005

E-mail: bschleicher@roblaw.com
Direct Dial: 770-667-2216

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CareMinders Home Care, Inc.

To Whom It May Concern:

We are the attorneys for the above referenced corporation. On behalf of our client, please find enclosed for filing the following Application by Foreign Corporation for Authorization to Transact Business in Florida.

The Certificate of Existence from the State of Georgia and a check made payable to the Florida Department of State in the amount of \$70.00 were sent to you on September 6, 2005. It was our error that the application did not accompany this paperwork.

We request that you file the Authorization to Transact Business at your earliest opportunity. If you have any questions, please do not hesitate to give me a call.

Very truly yours,

Sherry Engle
Legal Assistant to Brian Schleicher

/se
Enclosure

2005-43210



ATTORNEYS
AT LAW

Robinson, Jampol, Schleicher & Jacobs, LLP

11625 Rainwater Drive
Suite 350
Alpharetta, Georgia 30004
Telephone: 770.667.1290
Facsimile: 770.667.1690
www.robblaw.com

September 27, 2005

E-mail: bschleicher@robblaw.com
Direct Dial: 770-667-2216

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CareMinders Home Care, Inc.

To Whom It May Concern:

We are the attorneys for the above referenced corporation. On behalf of our client, please find enclosed for filing the following Application by Foreign Corporation for Authorization to Transact Business in Florida.

The Certificate of Existence from the State of Georgia and a check made payable to the Florida Department of State in the amount of \$70.00 were sent to you on September 6, 2005. Also, attached is your cover letter sent to us regarding a need for an original signature.

We request that you file the Authorization to Transact Business at your earliest opportunity. If you have any questions, please do not hesitate to give me a call.

Very truly yours,

Sherry Engle
Legal Assistant to Brian Schleicher

/se
Enclosure

**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. Careminders 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. Georgia

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

3. _____

(FEI number, if applicable)

4. October 18, 2004

(Date of incorporation)

5. perpetual

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

6. September 1, 2005

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11625 Redwater Drive, Suite 350, Alpharetta, Georgia 30004

(Principal office address)

same as above

(Current mailing address)

8. Home Health Care

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

Jennifer F. Aultman
Assistant Secretary

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Brian L. Schleicher

Address: 11625 Rainwater Drive, Suite 350
Alpharetta, GA 30004

Director: Gary Kneller

Address: 11625 Rainwater Drive, Suite 350
Alpharetta, GA 30004

B. OFFICERS

President: Gary Kneller

Address: 11625 Rainwater Drive, Suite 350
Alpharetta, GA 30004

Vice President: Brian L. Schleicher

Address: 11625 Rainwater Drive, Suite 350
Alpharetta, GA 30004

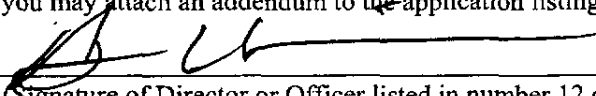
Secretary: Brian L. Schleicher

Address: 11625 Rainwater Drive, Suite 350, Alpharetta, GA 30004

Treasurer: Brian L. Schleicher

Address: 11625 Rainwater Drive, Suite 350, Alpharetta, GA 30004

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. Brian L. Schleicher, Director
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0463163
DATE INC/AUTH/FILED: 10/18/2004
JURISDICTION : GEORGIA
PRINT DATE : 09/01/2005
FORM NUMBER : 211

ROBINSON, JAMPOL, SCHLEICHER & JACOBS, LLP
SHERRY ENGLE
2500 NORTHWINDS PKWY, #370
ALPHARETTA, GA 30004

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

CAREMINDERS HOME CARE, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20050901152705608



Cathy Cox
Secretary of State