

FILE NO. 285 10-10 '06 13:57 ID:CSF FAX: 850 558 1516

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Account Name	:	CORPORATION SERVICE COMPANY
Account Number	:	I20000000195
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Fax Number	:	(850) 558-1575

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INVO HEALTHCARE ASSOCIATES, INC.

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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 OCT -5 A 9 32

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Invo HealthCare Associates, 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. Pennsylvania 3. 332738343
(State or country under the law of which it is incorporated) (FE) number, if applicable
4. 6/16/1993 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1302, F.S., to determine penalty liability)
7. 350 So. Main Street, Suite 318, Doylestown, PA 18901
(Principal office address)
- same as above
(Current mailing address)
8. provide occupational & physical therapy, speech & language and psychology 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: Corporation Service Company
Office Address: 1201 Nays Street
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 in 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.
- Corporation Service Company
By: [Signature]
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORSChairman: Mary A.J. McClainAddress: 4240 Erica Drive, Doylestown, PA 18901Vice Chairman: Patrick H. McClainAddress: 4240 Erica Drive, Doylestown, PA 18901

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: Mary A.J. McClainAddress: 4240 Erica Drive, Doylestown, PA 18901Vice President: Patrick H. McClainAddress: 4240 Erica Drive, Doylestown, PA 18901Secretary: Patrick H. McClain

Address: _____

Treasurer: Patrick H. McClain

Address: _____

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

13. Mary A.J. McClain
(Signature of Director or Officer listed in number 12 of the application)14. Mary A.J. McClain
(Typed or printed name and capacity of person signing application)2005 OCT - 5 A P 32
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

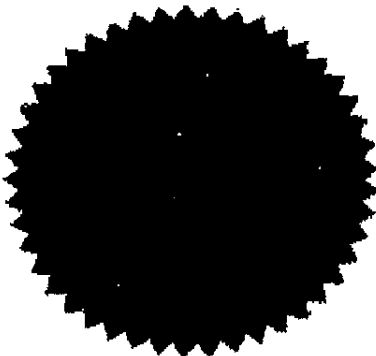
August 31, 2005

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

INVO HEALTHCARE ASSOCIATES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Pedro C. Contis

Secretary of the Commonwealth

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