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CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 271660 7275303

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 70.00

ORDER DATE : July 27, 2006

ORDER TIME : 10:0 AM

ORDER NO. : 271660-040

CUSTOMER NO: 7275303

FOREIGN FILINGS

NAME: Healthnow
~~HEALTH NOW~~ CONTRACTOR SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2006

AMANDA HADDAN
CSC
TALLAHASSEE, FL

SUBJECT: HEALTH NOW CONTRACTOR SERVICES, INC.
Ref. Number: W06000033648

Returning as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 006A00047959

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. HEALTHNOW CONTRACTOR SERVICES, 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 York
(State or country under the law of which it is incorporated)

3. 113667763
(FEI number, if applicable)

4. March 20, 2002
(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. c/o HEALTH NOW CONTRACTOR SERVICES, INC., 1901 MAIN STREET
BUFFALO, NY 14240
(Principal office address)

1901 MAIN STREET, BUFFALO, NY 14240
(Current mailing address)

8. THIRD PARTY ADMINISTRATOR To engage in any act or activity for which corporations may be organized.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (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.

Corporation Service Company
By: _____ Asst. Sec.
(Registered agent's signature)
Assistant Vice President

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: See attached officers/directors rider

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. KENNETH J. SODARO, Secretary
(Typed or printed name and capacity of person signing application)

OFFICERS/DIRECTORS RIDER

HEALTH NOW CONTRACTOR SERVICES, INC.

List of Officers

Name: ALPHONSO O'NEIL-WHITE **Title:** PRESIDENT
Bus. Addr.: 1901 MAIN STREET, BUFFALO, NY 14240

Name: KENNETH J. SODARO, ESQ. **Title:** SECRETARY/GENERAL COUNSEL
Bus. Addr.: 1901 MAIN STREET, BUFFALO, NY 14240

Name: JAMES H. DICKERSON, JR. **Title:** TREASURER
Bus. Addr.: 1901 MAIN STREET, BUFFALO, NY 14240

List of Directors

Name: ALPHONSO O'NEIL-WHITE **Term:**
Bus. Addr.: 1901 MAIN STREET, BUFFALO, NY 14240

Name: JAMES H. DICKERSON, JR. **Term:**
Bus. Addr.: 1901 MAIN STREET, BUFFALO, NY 14240

Name: CHERYL A. HOWE **Term:**
Bus. Addr.: 1901 MAIN STREET, BUFFALO, NY 14240

Name: KENNETH J. SODARO, ESQ. **Term:**
Bus. Addr.: 1901 MAIN STREET, BUFFALO, NY 14240

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HEALTHNOW CONTRACTOR SERVICES, INC. was filed on 03/20/2002, with perpetual duration,
and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of July two thousand and six.

Daniel Shapiro
Special Deputy Secretary of State

*200607270419 * 45*