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**Florida Department of State
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From:
Account Name : C T CORPORATION SYSTEM
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FOREIGN PROFIT/NONPROFIT CORPORATION

Bridgeport Home Health Care Holdings, Inc.

Certificate of Status	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. Bridgeport Home Health Care Holdings, 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. 26-0404620

(FEI number, if applicable)

4. June 18, 2007

(Date of incorporation)

5. Perpetual

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

6.

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

7. 1250 Tamiami Trail North, Suite 305, Naples, Florida 34102

(Principal office address)

1250 Tamiami Trail North, Suite 305, Naples, Florida 34102

(Current mailing address)

8. To engage in any and all lawful business for which corporations may be formed under Delaware law and as permitted under Florida law.

(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.



(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.

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2001 JUL 27 A 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2007 JUL 27 A 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Director : Nancy Diller-Shively

Address: 1250 Tamiami Trail North, Suite 305

Naples, Florida 34102

Director: Michael Bailey

Address: 2200 Ross Avenue, Suite 3838

Dallas, Texas 75201

Director: Michael Crothers

Address: 2200 Ross Avenue, Suite 4050

Dallas, Texas 75201

B. OFFICERS

President: Nancy Diller-Shively

Address: 1250 Tamiami Trail North, Suite 305

Naples, Florida 34102

Vice President: Michael Bailey

Address: 2200 Ross Avenue, Suite 3838

Dallas, Texas 75201

Secretary: Michael Bailey

Address: 2200 Ross Avenue, Suite 3838, Dallas, Texas 75201

Vice President: Michael Crothers

Address: 2200 Ross Avenue, Suite 4050, Dallas, Texas 75201

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

13. Nancy Diller-Shively

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

14. Nancy Diller-Shively

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRIDGEPORT HOME HEALTH CARE HOLDINGS, 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

2007 JUL 27 A 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4373401 8300

070862291



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5880516

DATE: 07-27-07