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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nightingale Home Healthcare of Florida, 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:

JennifeE Milligan
(Name of Person)
Nightingale Home Healthcare
(Firm/Company)
1036 S. Rangeline Road
(Address)
Caemel, Indiana 46032
(City/State and Zip code)

For further information concerning this matter, please call:

JennifeE Milligan at (317) 334-7777
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Nightingale Home Healthcare of Florida, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

Nightingale Home Care, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 38-3797303
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-6-2009 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. none yet
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4901 NW 17th Way, Ft Lauderdale, FL 33309
(Principal office address)

1036 S. Rangeline Road Carmel, IN 46032
(Current mailing address)

8. To provide 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: DAVID A. PRATT

Office Address: 9570 REGENCY SQUARE BLVD.

JACKSONVILLE, Florida 32225
(City) (Zip code)

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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.

David Pratt
(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: Dr Der Brae

Address: 10316 S. Rangeline Road
Carmel, IN 46032

Director: _____

Address: _____

B. OFFICERS

President: Dr Der Brae

Address: 10316 S. Rangeline Road
Carmel, IN 46032

Vice President: Dr Der Brae

Address: 10316 S. Rangeline Road
Carmel, IN 46032


Secretary: Dr Der Brae

Address: 10316 S. Rangeline Road Carmel, IN 46032

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. Dr Der Brae, President
(Typed or printed name and capacity of person signing application)

State of Indiana
Office of the Secretary of State

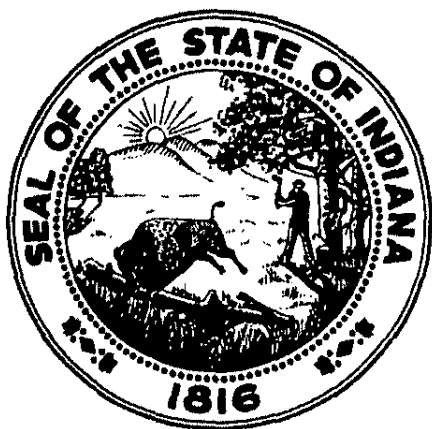
CERTIFICATE OF INCORPORATION

of

NIGHTINGALE HOME HEALTHCARE OF FLORIDA INC.

I, Todd Rokita, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented confirms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, March 06, 2009.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 06, 2009

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA,
SECRETARY OF STATE