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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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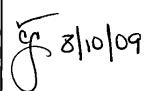
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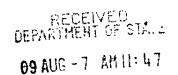


FILED SECRETARY OF STATE DIVISION OF CORPORATIONS.

COVER LETTER

2009 AUG -7 PM 4: OK

TO: New Filing Section Division of Corporations	
SUBJECT: Cambridge Hon Name of corpor	ne Healthcare, Inc. / Private. ation - must include suffix
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to
Please return all correspondence concerning this m	natter to the following:
Kristina E.	Corrd
Nam	e of Person
Cambridge 1	Home Healthcare, Inc. Aivate
	_
4085 Emba	ssy Parkway
•	Address
Akron, OH	44333
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, ple	ase call:
Kristina E. Curry at (3:	area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	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 Certified Copy S87.50 Filing Fee, Certificate of Status & Certified Copy





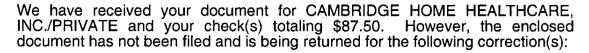
FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2009

KRISTINA E. CURRY 4085 EMBASSY PARKWAY AKRON, OH 44333

SUBJECT: CAMBRIDGE HOME HEALTHCARE, INC./PRIVATE

Ref. Number: W09000034346



A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 909A00025882

2009 AUG - 7 PH 4: 06

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.

Casas vagyailahla	N/A		lasted for the number of	transacting business in Flor	ida)
AL 1				transacting business in Pior	iua)
State or country unde	er the law of which it	is incorporated) 3.	(FEI numb	er, if applicable)	
				al " I cease to exist or "perpetua	al")
·	~/4				
			Florida, if prior to registra 2, F.S., to determine pena		
LINGS	` _	_			,
1083	Embassy P	(Principal office addre	kron, Ohio L	11700	
4085	Embassiv F	arkway. A	kron, Ohio	44333	
		(Current maiking addre	ss)		
	ana basiliba	compiese to the	commend public		2
In mounds h		SCLANCED IC LIKE			
(Purpose(s) of	corporation authorize	ed in home state or cou	ntry to be carried out in st	ate of Florida)	<u> </u>
	,		ntey to be carried out in so Box <u>NOT</u> acceptable)	ate of Florida)	R A
Name and street ad	dress of Florida reg	gistered agent: (P.O.	Box NOT acceptable)		
Name and street ad	dress of Florida reg	gistered agent: (P.O.	Box NOT acceptable)		
Name and street ad	dress of Florida reg Nancy Dill OGG! Airpa	gistered agent: (P.O. ler - Shively ont Pulling f	Box NOT acceptable)	106 = / PA 4:	
Name and street ad	dress of Florida reg Nancy Dill OGG! Airpa	gistered agent: (P.O. ler - Shively ont Pulling f	Box NOT acceptable)	106 = / PA 4:	
Name and street ad	dress of Florida reg Nancy Dill OGG! Airpa	gistered agent: (P.O. ler - Shively ont Pulling f	Box NOT acceptable)	106 = / PA 4:	
Name and street ad Name: ice Address: Registered agent	dress of Florida reg Nancy Dill Oble Airpo Naples, FL (C) 's acceptance:	gistered agent: (P.O. ler - Shively out Pulling F	Box NOT acceptable) Cod, Ske.9 , Florida 3411 (Zip cod	9 e)	on oralloas
Name and street ad Name: ice Address: Registered agent wing been named a	dress of Florida reg Nancy Dill Obli Airpo Naples, FL (C) 's acceptance: as registered agent of	gistered agent: (P.O. ler - Shively out Pulling f city) and to accept service	Box NOT acceptable) Cond., Ste.9 , Florida	106 = / PA 4:	the p

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 direct	ectors
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DIVISION OF CORPORATION	361 86	FILED TARY OF STATE OF CORPORATIONS
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A. DIRECTORS	OTATSTON OF CORPORATION:
Chairman: NA	2009 AUG - 7 PM 4: OF
ddress:	
ce Chairman:	
ddress:	
Juliess.	
N /A	
rector: N/A	
ldress:	
/ .	
rector:	
dress:	
•	•
OFFICERS .	
sident: Nancy Diller - Shively	
dress: 4085 Embassy Parkway	
Akron, OH 44333	
e President: Michael Crothers	
dress: 2200 Ross Ave. Ste. 40	
	JO
Dallas, TX 75201	
retary: Michael Bailey	
dress: 2200 Ross Ave. Ste. 38	38, Dallas, TX 75201
asurer: Michael Bailey	
dress: ZZOO Ross Ave. Ste. 383	8, Dallas, TX 75201
OTE: If necessary, you may attach an addendum to the application	n listing additional officers and/or directors.
(Signature of Director or Officer listed in num	har 12 of the oralication)
N/ D.11 /1. 1	oer 12 of the application)
(Typed or printed name and capacity of person	on signing application)
(1) ped of printed fainte and capacity dispersi	on sibining approaction)

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CAMBRIDGE HOME HEALTH CARE, INC./PRIVATE, an Ohio corporation, Charter No. 866130, having its principal location in Akron, County of Summit, was incorporated on March 10, 1994 and is currently in GOOD STANDING upon the records of this office.

SECRETARY OF STATE DIVISION OF CORPORATIONS



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of August, A.D. 2009

Ohio Secretary of State

Validation Number: V2009216A4D6C6