

February 23, 1995

Florida Department of State Qualification/Tax Lien Sec. Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find our check # 46631 in the amount of \$78.75. This check is to cover the cost of the \$35.00 filing fee, \$35.00 registered agent designation fee and \$8.75 for a certificate of status.

Sincerely, NATIONAL HOMECARE SYSTEMS, INC.

Michael Dioguardi

Corporate Counsel

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#### TRANSMITTAL LETTER

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TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

Transition of Corporation of Mast Institute States	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Tra Florida", "Certificate of Existence", and check are submitted to register the foreign corporation to transact business in Florida.	nsact Business in above referenced
Please return all correspondence concerning this matter to the following:	
MICHAEL J DIOGIARDI  (Name of Person)  MATRIAL HOMECART SYSTEMS, INC.  (Firm/Company)  O W KINZIE ST.  (Address)  CHICHGO IL. 6060  (City, State and Zip Code)	SECRETARY CF S DIVISION SECRETARY CF S DIVISION SECRETARY 95 FES 24 PH
Should you need to call someone concerning this matter, please call:	∷ 2: 07
MICHAEL DIOGNARDI at 1312 1321 - 6248.	7
(Name of Person) Area Code & Daytime Telephone Number	

**COURIER ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## 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:

CONTESTION.
1. Name of corporation: must include the word INCORPORATED*, "COMPANY", "CORPORATION" or words or abbreviations of like import in land lage as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. The construction of the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
4. Care Big 3 1973 5. Formula (Duration: Year corp. will cease to exist or perpetual)
6. Not APPLICABLE - NEVER TAMES ACT TO PUSINGES IN TECH OA (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 10 WEST KINZIE STREET
CHICKGO ILLIGS 60610 (Current mailing address)
8. Child An CFIRATE A HOME H. MITH MIG. 30 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida).
9. Name and street address of Florida registered agent:
Name: THE FRENICE-MALL CORPORATION STATEM THE
Office Address: 1201 HAVES STREET, SUITE HIOS
TALLAUNSEE , Florida, 32301
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.

12. Names and addresses of officers and/or directors: A. DIRECTORS Chairman: W. ALDREW MRIGHT Address: 10 Wasy Kware Street CUICHOO, IL 60610 Vice Chairman: MALK 5 HEARS Address: 10 W. King STREET CHICAGO I- 60810 Director: \_ Address: \_\_\_ Director: Address: \_\_\_\_ В. **OFFICERS** President: \_W were working Address: \_\_ lo Mes-STREET Vice President: M HIGH NGEY 57RG&T Address: \_ 60600 Secretary: ELAINE Address: Lo M 6,0000 Treasurer: 上といては Address: (O M. (H1 (HGO) 60610

Address: LO W. KINZIE STREET

(HICKIO TL. 60610

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

SEE ATTACHED

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MICHAEL J. OGLABA ASSISTANT SECRETARY

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

#### ADDITIONAL OFFICERS OF NATIONAL HOMECARE SYSTEMS, INC.

Assistant Secretary: Michael J. Dioguardi Address: Michael J. Dioguardi 10 West Kinzie Street

Chicago, IL 60610

File Funder 5033-651-4\_



### To all to whom these presents Shall Come, Greeting:

I. George H. Ryun, Decretary of State of the State of Illinois,

In Costimony Whereof, I hereta set

my hand and cause to be affixed the Great Seat of

the Mate of Allunes this

................................

day of

FEBRUARY

11/ 19 05

George & Ryans

N. 101/214



Please file the enclosed Amended Statement by a Foreign Corporation and return a file-stamped copy to the undersigned. Please call me immediately should you have any questions regarding this matter.

Very truly yours,

Michael J. Dioguardi

Corporate Counsel

FILED MOIT

NR Same 1895000005746

No

VS JAN 3 0 1996



December 20, 1995

CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301

The name ADDUS HEALTHCARE, INC. has been reserved for 120 days beginning December 20, 1995. The reservation number is R95000005746 and this reservation is NONRENEWABLE.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lantham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter, attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Letter number: 795A00054784

Ruth Leonard

# APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMEND-MENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(s. 607.1504, F.S.)

Se Mark CD

SECTION I (1-3 must be comp	e. Inc.	Aller Consequent of State			
Name of corporation as it a	ppears on the	records of the Department of State.			
2. Incorporated under laws of:	Illinois				
3. Date authorized to do busines	ss ın Florida:	February 24, 1995			
SECTION II (4-7 complete only the applicable changes)					
4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?					
5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:					
Addus HealthCare, Inc.					
6. If the amendment changes the period of duration, indicate new period of duration.					
7. If the amendment changes t	he jurisdiction	of incorporation, indicate new jurisdiction.			
Signature		1 (8 46 Date			
		Asst. Secretary			
Michael J. Dioguardi		Asst. Secretary Title			
Typea or print	ed name	) (NO			

File Number 5033-651-4

# State of Allinois Office of The Secretary of State

WILLIAS, ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF

NATIONAL HOMECARE SYSTEMS, INC.
INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN
FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE
BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the alforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be

affixed the Great Seal of the State of Illinois, at the City of Springfield, this 16TH day of JANUARY A.D. 19 96 and of the Independence of the United States the two hundred and 20TH

George 4 Ryan

Secretary of State

BCA-10.30	ARTICLES OF AMENDMENT	
(Rev. Jan. 1991)		File # 5033-651-4
George H. Ryan Secretary of State		SUBMIT IN DUFLIÇATE
Department of Business Services Springfield, IL 62756 Telephone (217) 782-1832	FILED	This spece for use by Secretary of State  Dato
Domit neumant in short as annual	JAN 1 6 1996	Franchise Tax \$ 35.4
Remit payment in check or money order, payable to "Secretary of State."	GEORGE H. RYAN SECRETARY OF STATE	Penalty \$
1. CORPORATE NAME:	National Homecare Systems, Inc.	
2. MANNER OF ADOPTION	9	(Note 1)
- · · · · - · · · · · · · · · · · · · ·	•	December 15, 1995
	er indicated below. ( "X" one box only)	, , , , ,
By a majority of the incorporate of the incorporate of a majority of as of the time of adoption	orators, provided no directors were named in the articles of in f the board of directors, in accordance with Section 10.10, the of this amendment;	corporation and no directors have been te corporation having issued no shares
		(Note 2)
being required for the ado	of directors, in accordance with Section 10.15, shares having ption of the amendment;	been issued by shareholder action not
Ny the shareholders in an		(Note 3)
submitted to the sharehold	cordance with Section 10.20, a resolution of the board of di lers. At a meeting of shareholders, not less than the minimu poration were voted in favor of the amendment;	m number of votes required by statute
Rythe shareholders in acc	ordance with Sections 10.20 and 7,10, a resolution of the boar	(Note 4)
and submitted to the share	pholders. A consent in writing has been signed by sharehold by statute and by the articles of incorporation. Shareholders w	lers having not less than the minimum.
By the shareholders, in acco	ordance with Sections 10.20 and 7.10, a resolution of the boar eholders. A consent in writing has been signed by all the	(Note 4) d of directors having been duly adopted shareholders entitled to vote on this
		(Note 4)
	(INSERT AMENDMENT)	
ny article being amended is required to RESOLVED, that the Articles of Inco	o be set forth in its entirety.) (Suggested language for an amo rporation be amended to read as follows:)	ndment to change the corporate name
AUDU	JS HEALTHCARE, INC.	
	(NEW NAME)	ITEN
	JAN 16	NIED"
	JAN 16	1996
	VMII 10	1000

SECRETARY OF STATE

•	•	
3.	<ol> <li>The manner in which any exchange, reclassification or cancellation of issued class below the number of issued shares of that class, provided for or effects change?</li> </ol>	shares, or a reduction of the number of authurized shares of an id by this amendment, is as follows: (If not applicable, insert "N
	No change	
4.	<ol> <li>(a) The manner in which said amendment effects a change in the amount of and Paid in Surplus and is equal to the total of these accounts) is as follow:</li> </ol>	paid-in capital (Paid-in capital replaces the terms Stated Capita s: (If not applicable, insert "No change")
	No change	
	(b) The amount of paid-in capital (Paid-in Capital replaces the terms Stated accounts) as changed by this amendment is as follows: (If not applicable, in	Capital and Paid-in Surplus and is equal to the total of these (sert "No change")
	No change	
		Before Amendment After Amendment
	Pald-in Capital	\$\$
	(Complete either Item 5 or 6	below)
5.	The undersigned corporation has caused this statement to be signed tunder penalties of perjury, that the facts stated herein are true.	by its duly authorized officers, each of whom affirms,
	Dated December 15 / / / 19 95 Na	tional Homecare Systems, Inc.
	attested by Mil J. / by _	(Exact Name of Corporation)
	(Signature of Secretary or Assistant Secretary)	(Signature of President or Vice President)
	Michael J. Dioguardi Asst. Sec.	W. Andrew Wright President
	(Type or Print Name and Title)	(Type or Print Name and Title)
6.	. If amendment is authorized by the incorporators, the incorporators r	nust sign below.
	CR	
	If amendment is authorized by the directors and there are no officers as may be designated by the board, must sign below.	s, then a majority of the directors or such directors
	The undersigned affirms, under the penalties of perjury, that the fac-	s stated herein are true.
	Dated December 15 95	
	Dated	