

F95000001608

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

700001445597
-04/03/95--01010--002
*****70.00 *****70.00

SUBJECT: INDEPENDENT HOME HEALTH CARE, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

W95-7115

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:

Bobby L. Shields, Esq.
(Name of Person)
Allegheny Health Care Consulting
(Firm/Company)
2500 N. Federal Hwy., Suite 103
(Address)
Fort Lauderdale, FL 33305
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Bobby L. Shields at (305) 396-4900
(Name of Person) Area Code & Daytime Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:42
95 APR -3 AM 8:52
RECEIVED
DIVISION OF CORPORATIONS
4/3/95

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

Bobby
9/30



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED

95 APR -3 PM 3:32
DIVISION OF CORPORATIONS

April 3, 1995

BOBBY L. SHIELDS, ESQ.
ALLEGHENY HEALTH CARE CONSULTING
2500 N. FEDERAL HWY, SUITE 103
FORT LAUDERDALE, FL 33305

SUBJECT: INDEPENDENT HOME HEALTH CARE, INC.
Ref. Number: W9500007115

We have received your document for INDEPENDENT HOME HEALTH CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 595A00014856

will wait

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. INDEPENDENT HOME HEALTH CARE, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words
abbreviations of like import in language 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. MONTANA
(State or country under the law of which it is incorporated)
3. 81-0427599
(FEI number, if applicable)
4. JANUARY 12, 1985
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. APRIL 1, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 607.155, F.S.))
7. C/O AUGGHANY HEALTH CARE CONSULTING SERVICES
2500 N. FEDERAL HIGHWAY, SUITE 103
FT. LAUDERDALE, FL 33305
(Current mailing address)
8. CONDUCT HOME HEALTH SERVICES AND OTHER LAWFUL BUSINESS
(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: Bobby L. Shields, Esq.
Office Address: 2500 N. Federal Highway, #103
Ft. Lauderdale, Florida, 33305
(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.

Bobby L. Shields
(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: M. M. Vyas, M.D.
Address: 5067 Antigua Trail
Indianapolis, IN 46237

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

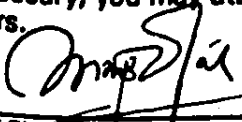
President: M. M. Vyas, M.D.
Address: 5067 ANTIGUA TRAIL
Indianapolis, IN 46237

Vice President: _____
Address: _____

Secretary: M. M. Vyas, M.D.
Address: 5067 Antigua Trail
Indianapolis, IN 46237

Treasurer: _____
Address: _____

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

13.  3/28/95
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. M. M. VYAS M.D.
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
STATE OF MONTANA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:42

CERTIFICATE OF EXISTENCE

I, Mike Cooney, Secretary of State of the State of Montana, do hereby certify that

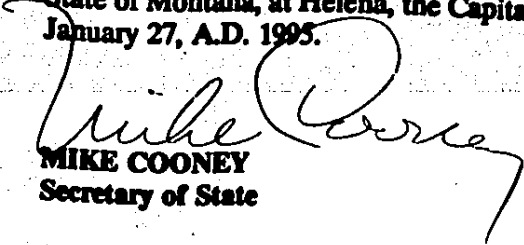
INDEPENDENT HOME HEALTH CARE, INC.

duly filed its Articles of Incorporation in this office on January 17, 1985, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

IN WITNESS WHEREOF, I have hereunto
set my hand and affixed the Great Seal of the
State of Montana, at Helena, the Capital, this
January 27, A.D. 1995.


MIKE COONEY
Secretary of State

