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HEALTHMASTER.

VIA FEDERAL EXPRESS

May 12, 1995

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

200001492042
-05/17/95--01156--008
*****78.75 *****78.75

RE: APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Dear Ms. Mortham:

Enclosed please find the above-mentioned application which has been properly completed and signed by the registered agent along with the transmittal letter. Also enclosed is an original "Certificate of Existence" from the Secretary of State, Atlanta, Georgia, and a check in the amount of $78.75 covering the registration fee ($70.00) and fee ($8.75) for a certificate of status.

If you need anything further, please do not hesitate to contact me. Our agency address is 1030 Stevens Creek Road, Augusta, Georgia 30907. My phone number is 706-481-3642, and my fax number is 706-481-3685. My mailing address is: Healthmaster, P.O. Box 60038, Augusta, Georgia 30909-2136.

With kind regards, I am

Sincerely,

Noël O. Ingram, Esq.

sb

Enclosures

xc: Linda Blake
Mittie Pedraza

MHEITIAM M12/NIV

95 MAY 17 PM 3:11
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DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

RECEIVED
MAY 11 1995
HEALTHMASTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: Healthmaster Home Health Care, 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:

Noel O. Ingram
(Name of Person)

Healthmaster Home Health Care, Inc.
(Firm/Company)

1030 Stevens Creek Road
(Address)

Augusta, GA 30907
(City, State and Zip Code)

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

Noel O. Ingram (Name of Person) at (706) 481 - 3642 . 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:

1. Healthmaster Home Health Care, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or 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. Georgia
(State or country under the law of which it is incorporated)

3. 58-1586253
(FEI number, if applicable)

4. 9-8-86
(Date of incorporation)

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

6. To transact business upon qualification.
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 1030 Stevens Creek Road
Augusta, GA 30907
(Current mailing address)

8. Home Health Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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9. **Name and street address of Florida registered agent:**

Name: The Prentice-Hall Corporation System Inc.

Office Address: 1201 Hays Street - Suite 105

Tallahassee, Florida, 32301
(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.

Marcia A Havner, Assistant Secretary 5/8/95
(Registered agent's signature)
MARCIA A. HAVNER

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: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

Chairman: Jeanette G. Garrison

Address: 1030 Stevens Creek Road

Augusta, GA 30907

Vice Chairman: Joseph M. Garrison

Address: 1030 Stevens Creek Road

Augusta, GA 30907

Director:

Address:

Director:

Address:

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DIVISION OF CORPORATIONS
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B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: G. Peter Molloy, Jr.

Address: 1030 Stevens Creek Road

Augusta, GA 30907

Vice President: Mittie F. Pedraza

Address: 1030 Stevens Creek Road

Augusta, GA 30907

Secretary: Susan M. Bruce

Address: 1030 Stevens Creek Road

Augusta, GA 30907

Treasurer: G. Peter Molloy, Jr.

Address: 1030 Stevens Creek Road

Augusta, GA 30907

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

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

14. G. Peter Molloy, Jr.
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 951100512
CONTROL NUMBER : 0508771
DATE INC/AUTH/FILED: 05/29/1984
JURISDICTION : GEORGIA
PRINT DATE : 04/20/1995
FORM NUMBER : 211

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HEALTHMASTER
NOEL INGRAM
P.O. BOX 60038
AUGUSTA GA 30903

CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HEALTHMASTER HOME HEALTH CARE, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Max Cleland

MAX CLELAND
SECRETARY OF STATE

CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta