F95000003119

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS



| SUBJECT: | Reliance Healthcare Manage went, Inc. | | |
|-------------------|---|-----------------|-------------|
| | (Name of corporation - must include suffix) | | |
| Dear Sir or Mad | fam: | | |
| Florida", "Certi | "Application by Foreign Corporation for Aut ficate of Existence", and check are submitt tion to transact business in Florida. | | |
| Please return ali | correspondence concerning this matter to the | e following: | |
| | Chandler Kite Stanard, Esq. | A | |
| | (Name of Person) | - NA | . a B |
| | STANARD & MARK, P.C. | _ /27 | 88 |
| | (Firm/Company) | - <i>U</i> | 3 79 |
| | Post Office Box 2664 | | 19 27 |
| | (Address) | - | |
| | Mobile, Alabama 36652-2664 | | 3 32 |
| | (City, State and Zip Code) | - | 1 :6 |
| | | | 131" |
| Should you need | d to call someone concerning this matter, plea | ise call: | |
| Charolett | e at (334) 432 - | 0702 | |
| (Name | e of Person) Area Code & Daytime Te | slephone 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. (Name of corporation: must include the word INCORPORATED abbreviations of like import in language as will clearly indicate the or partnership if not so contained in the name at present.) | i", "COMPANY", "CORPORATION" or words or hat it is a corporation instead of a natural person | | | |
|---|---|--|--|--|
| 2. Alabama 3 | 63-1107150 | | | |
| (State or country under the law of which it is incorporated) | (FEI number, if applicable) | | | |
| 4. 1/7/94 5. perpetual (Date of Incorporation) (Duration: | Year corp. will cease to exist or "perpetual") | | | |
| 6. pending upon authorization to transact busine (Date first transacted business in Florida. (See sections 007.1501, 007. | :8.6 7.1502, and 817.155, F.S.) | | | |
| 7. 177 Baldwin Square | · · · · · · · · · · · · · · · · · · · | | | |
| Fairhope, Alabama 36532 | | | | |
| (Current malling address) Engage in all activities of home healthcare infusion therapy & other related home healthcare activities & to transact any or all lawful business for which corps. may be | | | | |
| (Purpose(s) of corporation authorized in home state or count | ry to be carried out in the state of Florida) incorporated. | | | |
| 9. Name and street address of Florida registered | agent: | | | |
| Name:A. Ronald Turner | | | | |
| Office Address: 4140 Montalvo | is sim | | | |
| Pensacola | , Florida , 32504 | | | |
| | (Zip Code) | | | |
| 10. Registered agent's acceptance: | ua . | | | |
| Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. I fur of all statutes relative to the proper and complete perfectly with and accept the obligations of my position as registered. | on, I hereby accept the appointment as other agree to comply with the provisions formance of my duties, and I am familiar | | | |
| Registered agent's signature) | | | | |
| 11. Attached is a certificate of existence duly authen delivery of this application to the Department of State, b having custody of corporate records in the jurisdiction un | y the Secretary of State or other official | | | |

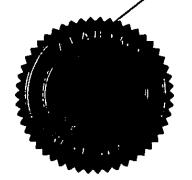
| Α. | DIRECTORS | |
|-----|------------------------------|---|
| | Chairman: | |
| | Address: | |
| | | |
| | Vice Chair | nan: |
| | Address: _ | |
| | - Director: _ | Richard B. White |
| | Address: _ | 177 Baldwin Square |
| | <u> </u> | Fairhope, Alabama 36532 |
| | Director: _ | Robert B. O'Daniel |
| | Address: _ | 177 Baldwin Square |
| | _ | Fairhope, Alabama 36532 |
| В. | OFFICERS | |
| | President: | Richard B. White |
| | Address: _ | 177 Baldwin Square |
| | _ | Fairhope, Alabama 36532 |
| | Vice Presid | dent: |
| | Address: _ | |
| | | |
| | Secretary: | Robert B. O'Daniel |
| | Address: | 177 Baldwin Square |
| | | Fairhope, Alabama 36532 |
| | Treasurer | |
| | Address: | <u></u> |
| | | |
| NO. | TE: If necessary, you r | nay attach an addendum to the application listing additional officers |
| | Roll-13 | 1210 m |
| 13. | (Signature of Chairman, Vice | Chairman, or any officer listed in number 12 of the application) |
| | Robert B. O'Daniel, | Sporatory |
| 14. | · | and capacity of person signing application) |

12. Names and addresses of officers and/or directors:

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the demostic corporation records on file in this office disclose that Reliance Healthcare Management, Inc. incorporated in Baldwin County, Fairhope, Alabama on January 7, 1994. I further certify that the records do not disclose that said Reliance Healthcare Management, Inc. has been dissolved.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

June 20, 1995

Date

Jin Bonnett

Jim Bennett

Secretary of State