Document Number Only

F95000006266

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City State Zip Phone

000001670810
-12/26/95--01060--005
*****70.00 *****70.00

CORPORATION(S) NAME

We Care Workers Compensation, Inc.

(X) Profit
( ) NonProfit

( ) Amendment

( ) Merger

(X) Foreign

( ) Dissolution/Withdrawal

( ) Merger

( ) Limited Partnership
( ) Reinstatement

( ) Annual Report
( ) Reservation

( ) Other
( ) Change of R.A.
( ) Fic. Name

( ) Certified Copy

( ) Photo Copies

( ) CUB

( ) Call When Ready
(X) Walk In
( ) Mail Out

( ) Call If Problem

( ) After 4:30
(X) Pick Up

RECEIVED
95 DEC 26 AM 11:50
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

PLEASE RETURN EXTRA COPIES
FILE STAMPED

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

12-26
3pm

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 25 PM 1:03

12/24

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. We Care Workers Compensation, 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. Delaware
(State or country under the law of which it is incorporated)

3. 71-0739492
(FEI number, if applicable)

4. July 13, 1993
(Date of incorporation)

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

6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 26 PM 1:03

7. 1300 Johnson Road, Springdale, Arkansas 72762
(Current mailing address)

8. Workers compensation claim adjustments.
(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: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

(Registered agent's signature) (Officer)

J.L. Miles, Asst. Secretary
(Type Name and Title of Officer)

(FL - 2189 - 11/16/94)

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: See attached list of directors

Address: _____

_____

Vice Chairman: See attached list of directors

Address: _____

_____

Director: See attached list of directors

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: See attached list of officers

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

_____

Treasurer: _____

Address: _____

_____

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. William Jaycox, President
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 26 PM 1:03

(FLA. 2189)

WE CARE WORKERS COMPENSATION, INC.

DIRECTORS	DATE TOOK OFFICE
Leland Tollett SS# 431-72-3966 2210 Oaklawn Drive, Springdale, AR 72762-6999	January 13, 1995
Donald E. Wray SS# 429-76-7353 2210 Oaklawn Drive, Springdale, AR 72762-6999	January 13, 1995
William Jaycox SS# 495-48-6155 2210 Oaklawn Drive, Springdale, AR 72762-6999	January 13, 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 26 PM 1:03

OFFICERS	
William Jaycox, President SS# 495-48-6155 2210 Oaklawn Drive, Springdale, AR 72762-6999	January 13, 1995
Dan Serrano, Vice President SS# 431-90-1986 2210 Oaklawn Drive, Springdale, AR 72762-6999	January 13, 1995
Dennis Leatherby, Treasurer SS# 515-74-0976 2210 Oaklawn Drive, Springdale, AR 72762-6999	January 13, 1995
Mary Rush, Secretary SS# 062-30-0931 2210 Oaklawn Drive, Springdale, AR 72762-6999	January 13, 1995
David L. Van Bebber, Assistant Secretary SS# 465-06-8181 2210 Oaklawn Drive, Springdale, AR 72762-6999	January 13, 1995

C:\WPDOCS\CAS-DOCS\WCWC.LIS

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WE CARE WORKERS COMPENSATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 26 PM 1:03

Edward J. Freel, Secretary of State

2343508 8300

950298101

AUTHENTICATION: 7756144

DATE: 12-18-95