F96000000 3418

REFERENCE:	scoop 1 st
(SUB ACCT.)	34kC 796
DATE: 7-3-96	JUL -3 AN II: 20 Sign of Corporation
	E 255
REQUESTER NAME: LEXIS DOCUMENT SERVICES	1: 20 RATIO
ADDRESS: P.O. BOX 2969 SPRINGFIELD, ILLINOIS 62708	W96-140
CONTACT NAME: CYNTHIA WOODYARD (904) 877-7	
CORPORATION NAME: Home Health Syste	ems Acquis
	Corp.
AUTHORIZATION: C. Wooden &	JUL
CERTIFIED COPY (1-9)	5 1
	PM 2: 33



July 3, 1996

LEXIS DOCUMENT SERVICES

SUBJECT: HOME HEALTH SYSTEMS ACQUISITION CORP.

Ref. Number: W96000014037

We have received your document for HOME HEALTH SYSTEMS ACQUISITION CORP. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 196A00032807

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. Home Health Systems Acquisition	Corp.	ı
(Name of corporation: must include the word "INCORPOR abbreviations of like import in lunguage as will clearly indic person or partnership if not so contained in the name at pre	ATED, "COMPANY", "CORPORATION" or words of state that it is a corporation instead of a natural sent.))r
2. Tilinois (State or country under the law of which it is incorporated)	3,36-4088908	
and a miner are have or witten it is incorporated)	(FEI number, if applicable)	
4. June 18, 1996 (Date of Incorporation)	5. Perpetual	
6 Qualification. (Date first transacted business in Florida. (SEE SECTIONS	(Duration: Year corp. will cease to exist or 'perpetua	17 .
(SEE SECTIONS	607.1501, 607.1502, AND 817.155, F.S.)	
7 1735 N. Ashland, #300	9 8	SIS 23S
		- 22
Chicago, IL 60622		
. (Current mailin	g address)	
8. Distribution of		RST IS
(Purpose(s) of corporation authorized in home state or country Florida)		
9. Name and street address of Florida registered acceptable) Name: LEXIS DOCUMENT SERVICES INC.	agent: (P.O. Box or Mail Drop Box NOT	P Inqu
Office Address:3953 W.W. Kelley Road		
Tallahaccoo		
Tallahassee 10. Registered agent's acceptance:	, Florida, 32311	
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. It all statutes relative to the proper and complete perform and accept the obligations of my position as registered.	further agree to comply with the provision	r
11. Attached is a certificate of existence duly authent delivery of this application to the Department of S official having custody of corporate records in the incorporated.	icated, not more than 90 days	

v. DIKE	s and addresses of officers and/or directors: (Street address ONLY-P. O. Bo acceptable) CTORS (Street address only-P. O. Box NOT acceptable)	
Chairman;		
		 '
Address:		-
Address:	Bradley Gershenson	•
	1735 N. Ashland, #300 Chicago, IL 60622	
Director:	Chicago, IL 60622	
B. OFFICE	ERS (Street address only- P. O. Box NOT acceptable)	
President:	Bradley Gershenson	
Address:	1735 N. Ashland, #300	
-	Circago, II60622	
	116,	
Address:		
Secretary: _	Bradley Gershenson	
Address:	1735 N. Ashland, #300	
4	anago, in 00622	
Treasurer:	Bradley Gershenson 1735 N. Ashland, #300	_
A dalar	1735 N. Ashland, #300	
Address:		
	Chicago, IL 60622	-
	Chicago, IL 60622 ecessary, you may attach an addendum to the application listing additional or directors.	-
NOTE: If ne officers and/o	Chicago, IL 60622	<u> </u>

File Number 5891-749-4



I, George H. Ryan, Secretary of State of the State of Illinois,



In Testimony Wher	rof. I hereto set
my hand and cause to be affer	and the Great Scal of
the State of Illinois this	3RD
day of JULY	A.D., 19 96

George H Ryan
SECRETARY OF STATE