

Aug-20 1996 10:42 AM THE COMPANY CORP.

190492 4000 P.

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: THE COMPANY CORPORATION
1313 N. MARKET ST
SUITE 3410
WILMINGTON DE 19801-1150
CONTACT: KIMBERLY ANDRAS
PHONE: (302) 575-0440
FAX: (302) 575-1346

((H96000011574)))
QUALIFICATION

DOCUMENT TYPE: FOREIGN PROFIT

NAME: ATLANTIC CAREGIVERS INC.
FAX AUDIT NUMBER: H96000011574
DATE REQUESTED: 08/20/1996
CERTIFIED COPIES: 0
NUMBER OF PAGES: 4
ESTIMATED CHARGE: \$70.00
CURRENT STATUS: REQUESTED
TIME REQUESTED: 09:44:39
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER:

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ENTER SELECTION AND <CR>:

W96 11/4/11

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 22 PM 1:27

11/8/22

96 AUG 20 AM 11:00
UNRECORDED



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State

August 20, 1996

THE COMPANY CORPORATION
1313 N MARKET ST STE 3410
WILMINGTON, DE 19801-1150

SUBJECT: ATLANTIC CAREGIVERS INC.
REF: W96000017411

We have received your document(s) in this office, however, the document is being returned for the following:

The second page of the application, which designates the officers and directors of the corporation, was not transmitted with other documents. Please transmit this page so that we may promptly file your application.

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) 487-6937.

Jerri Weinmann
Staff Assistant

FAX Aud. #: H96000011574
Letter Number: 896A00039519

AUG-22-1996 12:13 FROM THE COMPANY CORP.

TO

19049224000 P.01

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DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: THE COMPANY CORPORATION
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ENTER SELECTION AND <CR>:

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DATE 8/20

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DEPT. OF STATE

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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. Atlantic Caregivers 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. 59-3390552

(FEI number, if applicable)

4. 7/22/96

(Date of incorporation)

5. Perpetual

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

6. September 1, 1996

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))

7. 150 West 79 St. #10A

New York, NY 10024

(Current mailing address)

8. Engage in any lawful act or activity for which corporations may be organized
(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: Larry Wolfe

Office Address: 200 A John Knox Rd.

Tallahassee

Florida

32303-6643

(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.

see attached

(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.

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 DIVISION OF CORPORATIONS
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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Grant OstlundAddress: 150 West 79 St. #10A
New York, NY 10024

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Grant OstlundAddress: 150 West 79 St. #10A
New York, NY 10024

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]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Grant Ostlund, Chairman and President

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS MAY BE SERVED.

In compliance with Section 607.15(7), Florida Statutes, the following is submitted:

First, this Atlantic Caregivers Inc. desiring to
organize under the laws of the state of Florida with its principal place of business located in
city of New York, NY, ~~NEW YORK, NY~~, has named Larry Wolfe
located at 200 - A John Knox Road, Tallahassee FL 32303-6643 as its agent for service of
process within Florida.

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DIVISION OF CORPORATIONS

Having been named to accept service of process for the above stated corporation, at the
place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my
duties.

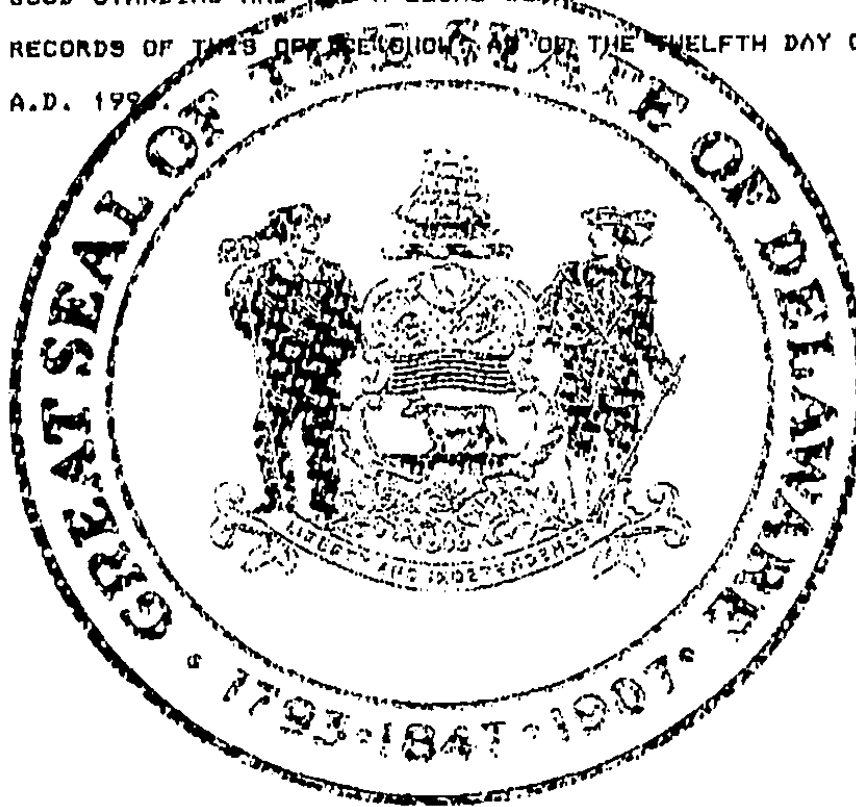

Larry Wolfe

August 12, 1996
Date

H96000011574

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLANTIC CAREGIVERS 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 TWELFTH DAY OF AUGUST, A.D. 1996.



SECRETARY OF STATE
DIVISION OF CORPORATIONS
AUG 22 PM 1:27



Edward J. Freel

Edward J. Freel, Secretary of State

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960234215

AUTHENTICATION:

DATE:

8063469

08-12-96