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Document Number Only

CF CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

50002003265--7
 -11/13/96--0150--005
 *****70.00 *****70.00

Heathcare dimensions, Inc.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name Filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> CUS | |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call if Problem | <input checked="" type="checkbox"/> Walk In | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out | |

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Acknowledgment
W.P. Verifier

11/13

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Mary K Swanson, do hereby certify that this Resolution of the Board of Directors of HealthCare Dimensions, Inc., a corporation duly organized and existing under the laws of the State of Arizona, was duly adopted on October 15, 19 96.

Resolved, that HealthCare Dimensions, Inc. organized and existing in the State of Arizona, hereby adopts the name HealthCare Dimensions of Arizona, Inc. for use in Florida.

Dated: 10/15/96
ms.

Mary K Swanson
Signature of at least one director

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**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. HealthCare Dimensions, 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. Arizona (State or country under the law of which it is incorporated)
3. 86-0713382 (FEI number, if applicable)
4. September 14, 1992 (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.))
7. 401 W. Baseline, Ste. 204, Tempe, Arizona 85283
(Current mailing address)

8. Consulting
(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)

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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)

William C. Bradford, Jr., Vice President

(Type Name and Title of Officer)

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: Mary K. Swanson

Address: 401 West Baseline Rd., Suite 204

Tempe, Arizona 85283

Vice Chairman: _____

Address: _____

Director: _____

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. *Janie Heuck*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Janie Heuck, Vice President
(Typed or printed name and capacity of person signing application)

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of
HealthCare Dimensions, Inc.**

1. Mary K. Swanson, President, CEO
401 West Baseline Rd., Suite 204
Tempe, Arizona 85283
2. Janie Heuck, Vice President, Secretary and Treasurer
401 West Baseline Rd., Suite 204
Tempe, Arizona 85283
3. Ernie Zaik, Vice President
401 West Baseline Rd., Suite 204
Tempe, Arizona 85283

State of Arizona



OFFICE OF THE

CORPORATION COMMISSION

To all to whom these presents shall come, greeting:

I, James Matthews, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****HEALTHCARE DIMENSIONS, INC.*****

a domestic corporation organized under the laws of the state of Arizona, did incorporate on September 14, 1992.

I further certify that this corporation has filed all affidavits and annual reports and paid all filing fees required to date and, therefore, is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 4th day of November, 1996, A. D.



James Matthews

Executive Secretary

BY: *Olga Castillo*

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