F97000004320

TO: Amendment Section Division of Corporations	25 CONTRACTOR OF STATE OF STAT
SUBJECT: CARE ONE, INC. (Name of corporation)	60 1000 1000 1000 1000 1000 1000 1000 1
DOCUMENT NUMBER: F97000004320	ِ <u>ب</u> ي آ
The enclosed Amendment and fee are submitted for filing.	6
Please return all correspondence concerning this matter to the following:	
Joy Wolfson	901675 01025012 *****43.75
TAMPL, FL 33626 (City/state and zip code) For further information concerning this matter, please call: Kimberlee Andrews at (813) 925-3530 x 225 (Name of person) (Area code & daytime telephone number)	
(Name of person) (Area code & daytime telephone number)	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

> N/C V SHEPARD SEP 1 6 ZUUZ



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 8, 2002

JOY WOLFSON CARE ONE, INC. 12900 DUPONT CIRCLE TAMPA, FL 33626

SUBJECT: NUMED HOME HEALTH CARE, INC.

Ref. Number: F97000004320

We have received your document for NUMED HOME HEALTH CARE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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 (850) 245-6909.

Velma Såepard Corporate Specialist

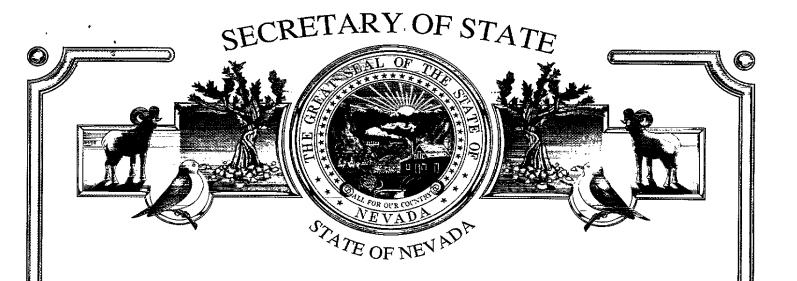
02 SEP 13 PM 1: IVISION OF CORFURA Letter Number: 502A00047417

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F97000004320
(Document number of corporation (if known)
(Document number of corporation (if known) 1. NuMED Home Health Care, Inc. (Name of corporation as it appears on the records of the Department of State)
2. STATE OF NEVADA (Incorporated under laws of) 3. August 15, 1997 (Date-authorized to do business in Florida)
SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)
· · · · · · · · · · · · · · · · · · ·
4. If the amendment changes the name of the corporation, when was the change effected under the laws of
its jurisdiction of incorporation? <u>March</u> 5, 2002.
5. <u>Care One, Inc.</u> (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
not contained in not trained of the corporation,
6. If the amendment changes the period of duration, indicate new period of duration.
(New duration)
· /
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
(New jurisdiction)
alulo2
(Signature of the chairman or vice chairman of the board, (Date)
(Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that
Philip M. Rappa President
(Typed or printed name) (Title)



CERTIFICATE OF NAME CHANGE

I, DEAN HELLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on March 5, 2002, a Certificate of Amendment to its Articles of Incorporation changing the name to CARE ONE, INC., was filed in this office by NUMED HOME HEALTH CARE, INC.. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.

Ву

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on August 29, 2002.

DEAN HELLER Secretary of State

Certification Clerk

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Philip M. Rappa, President, do hereby certify	. ~
that this Resolution of the Board of Directors of <u>Care One</u> , Inc.	-
(Corporate Name)	÷
a corporation duly organized and existing under the laws of the State of Nevada,	٠
was duly adopted on September 3 ,10 2002	ar s
Be it resolved, that <u>Care One</u> , Inc. (Corporate Name)	
organized and existing in the State of Nevada, hereby adopts the name	
Care One USA, Inc. for use in Florida.	
Dated: 9402 Signature of either Chairman, Vice Chairman or any officer	÷.
Philip. M. Rappac Type or print name	¥

INHS19(4/96)