

F97000004320

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARE ONE, INC.
(Name of corporation)

DOCUMENT NUMBER: F97000004320

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay Wolfson
(Name of person)

CARE ONE, INC.
(Name of firm/company)

12900 DUPONT CIRCLE
(Address)

TAMPA, FL 33626
(City/state and zip code)

For further information concerning this matter, please call:

Kimberlee Andrews at (813) 925-3530 x225
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP 13 PM 3:29

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-07/26/02--01025--012
*****43.75 *****43.75

N/c

V SHEPARD SEP 16 2002



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 S. Shepard
Corporate Specialist

Letter Number: 502A00047417

02 SEP 13 PM 1:11
DIVISION OF CORPORATIONS

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))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP 13 PM 3:29

1. NUMED Home Health Care, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. STATE OF NEVADA 3. August 15, 1997
(Incorporated under laws of) (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? March 5, 2002.
5. Care One, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name 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)

(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 fiduciary)

Philip M. Rappa
(Typed or printed name)

9/4/02
(Date)

President
(Title)

SECRETARY OF STATE



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.

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.



A handwritten signature in cursive script, reading "Dean Heller".

DEAN HELLER
Secretary of State

By

A handwritten signature in cursive script, reading "Jacqueline Warr".

Certification Clerk

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Philip M. Rappa, President do hereby certify
(Name)

that this Resolution of the Board of Directors of Care One, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Nevada,


was duly adopted on September 3, 19 2002

Be it resolved, that Care One, Inc.
(Corporate Name)

organized and existing in the State of Nevada, hereby adopts the name

Care One USA, Inc. for use in Florida.

Dated: 9/4/02



Signature of either Chairman, Vice Chairman or any officer

Philip M. Rappa
Type or print name