FOR COOO 948

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Tallahassee, FL 32 City State Zip	301 222-1092 Phone	5	0000243 -02/19/98	3460 55 01001015
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CR2E031 (1-89)

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.	EDENCARE GP, INC.				
	(Name of corporation: must include the word "INCORPORAT of like import in language as will clearly indicate that it is a contained in the name at present.)	ED", "COMPAN orporation insteated	NY", "CORPORATION" of a natural person or p	or words or ab artnership if r	not so
2	DELAWARE	_3. <u>58-2319</u>	9598		
	(State or country under the law of which it is incorporated)	-	(FEI number, if a	pplicable)	
4	MAY 29, 1997	5. PERPETI	JAL		
٦.	(Date of Incorporation)		Year corp. will cease to expretual")	dist or	2
6	UPON FILING OF APPLICATION		<u> </u>	86	<u> </u>
	(Date first transacted business in Florida. (SEE S	ECTIONS 607.	1501, 607.1502, AND 817		治工
7.	EDENCARE GP, INC.			<u> </u>	325
				至	30 30
	31 North Main Street, Alpharetta, G	Georgia 3	30201	<u> </u>	<u> </u>
8	Any lawful act or activity for which the Delaware General Corporation La				l under
٠.	(Purpose(s) of corporation authorized in home sta	ate or country to	be carried out in the state	of Florida)	
9.	Name and street address of Florida registered ago	ent: (P.O. Bo	k or Mail Drop Box <u>N</u>	OT accepta	ıble)
	Name: CT CORPORATION SYSTEM	·		 .	
	Office Address: C/O CT Corporat:		a, 1200 South P	ine Isla	and Road
	Plantation		Florida 33324		
	1100000000	,	Florida, 33324 (Zip Code)		•
10). Registered agent's acceptance:				
ple co	aving been named as registered agent and to accept ace designated in this application, I hereby accept th apacity. I further agree to comply with the provisions of f my duties, and I am familiar with and accept the ob	ne appointmen Fall statutes rei	t as registered agent (lative to the proper and	and agree to Acomplete p	o act in this
			CONNIE BRYAN SPECIAL ASSISTANT		Y
	(Registered	agent's dignature).		
1	1. Attached is a certificate of existence duly authenti-				

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.

A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: ___ SEE ATTACHEMENT "A" Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: __ SEE ATTACHMENT "A" Vice President: Secretary: Address: Treasurer: ______ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14 MARK T. SPIEGEE, VICE PRESIDENT AND SECRETARY (Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

EDENCARE GP, INC. ORGANIZATIONAL MANAGEMENT

DIRECTORS

NAME	ADDRESS:	
Susan T. Groenteman	2001 Ross Avenue, Suite 3200, Dallas, Texas 75201	
Robert A. Faith	Two Riverway, Suite 850, Houston, Texas 77056	

OFFICERS

NAME	TITLE	BUSINESS ADDRESS
Alfred S. Holbrook	President	31 North Main Street Alpharetta, Georgia 30201
David M. Johnston	Vice President & Treasurer	31 North Main Street Alpharetta, Georgia 30201
Mark T. Speigel	Vice President & Secretary	31 North Main Street Alpharetta, Georgia 30201

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State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDENCARE GP, 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 THIRTEENTH DAY OF FEBRUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.





Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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