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FILINGS, INC. TERESA ROMAN	l		
(Requestor's Name)			
2805 LITTLE DEAL ROAD		1	
(Address)			
TALLAHASSEE, FLORIDA 32308	(904) 385-6735	OFFICE USE ONLY	
(City, State, Zip)	(Phone #)		

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(Corpora	INFUSION, Cre tion Name)	(Document #)	8 APR
2. (Corporat	ion Name)	(Document #)	72 9
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4. (Corpora	tion Name)	(Document #)	<u> </u>
Walk in	lick up time 2.00	Certified Copy	
	Will wait Photocopy	Certificate of Status	-
NEW FILINGS			
Profit 一	Amendment		
NonProfit	Resignation of R.A., Office	er/Director	
2.55			
Limited Liability	Change of Registered Age	nt	
2.55	Change of Registered Age Dissolution/Withdrawal	nt	
Limited Liability		nt	
Limited Liability Domestication	Dissolution/Withdrawal Merger REGISTRATION/	nt	
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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:

EMPIRE I	NFUSION,	INC.	00000						
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Post install by that do contain	ed at the ti	ariie at bi	esent.)						
New York				3 1					
tate or country under the lav	vof which i	t is incorp	orated)	(}					
12/14/94	<u> </u>	5	Pe	erpetu	al	-			DIVISION SEC
(Date of Incorporation)			(Duratio	on: Yea	r corp. wil	l cease to	exist or "per	petual")	SC C
Projected 7/1/98	. T 1 ⁶⁰ 4 4 . 1	467		1222				ž	24- 24-
			tions 607.	1501, 6	07.1502,	and 817.15	55, F.S.)	-	SEC.
220 nera	- · ·							7	중위
Syracuse	, NY	13202							ST.
								쥬	In
Home Health Care									,Ω
(Purpose(s) of corporation :	uthorized	in home s	tate or co	untry to	be carrie	d out in th	e state of Fl	orida)	
Name and street add	ress of F	lorida r	eaister	ed age	ent:			<i>1</i> 5	V.
			-	_			18	17	D
Name: _	. 1	1	<u> </u>	7	-100	. • -	\bigcirc	, ,	
Office Address:	3732 N	.W. 16t	h Stree	t	-	_			
_	Fort L	auderda	le ·			Florida .	33311		
_						, ,	(Zip Co	ode)	
Registered agent's a	ecceptan	ice:	•						
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poration at the place o	lesignate	d in this	s applica	ation.	I hereb	v accent	the appo	intmei	of as
intornal assault and access					- 1		,-,		
	New York New York Atte or country under the lav 12/14/94 (Date of Incorporation) Projected 7/1/98 Pate first transacted business 220 Hera Syracuse (Purpose(s) of corporation; Name and street add Name: Office Address: Registered agent's a sing been named as regionation at the place of partners in partners and the place of partners in partners and the place of partners in the p	Imme of corporation: must include the vobreviations of like import in language a partnership if not so contained in the normal normal partnership if not so contained in the normal	New York New York Atte or country under the law of which it is incomposed for incorporation) Projected 7/1/98 Pate first transacted business in Florida. (See see 220 Herald Place Syracuse, NY 13202 (Current mailing address) Home Health Care (Purpose(s) of corporation authorized in home see 120 Martin authorized authorized in home see 120 Martin authorized autho	New York 12/14/94	lame of corporation: must include the word "INCORPORATED", "obreviations of like import in language as will clearly indicate that in partnership if not so contained in the name at present.) New York	lame of corporation: must include the word "INCORPORATED", "COMPANY obreviations of like import in language as will clearly indicate that it is a corporation of like import in language as will clearly indicate that it is a corporation of partnership if not so contained in the name at present.) New York	lame of corporation: must include the word "INCORPORATED", "COMPANY", CORPORORIZATION of like import in language as will clearly indicate that it is a corporation inservations of like import in language as will clearly indicate that it is a corporation inservation of like import in language as will clearly indicate that it is a corporation inservation of like import in language as will clearly indicate that it is a corporation inservation of partnership if not so contained in the name at present.) New York 1. 16-1474166 2. 16-1474166 2. 2. 16-1474166 2. 2. 16-1474166 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	Isome of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or obreviations of like import in language as will clearly indicate that it is a corporation instead of a nare partnership if not so contained in the name at present.) New York	Ame of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words observations of like import in language as will closify indicate that it is a corporation instead of a natural perpetureship if not so contained in the name at present.) New York 3. 16-1474166 Late or country under the law of which it is incorporated) (Perpetual (Date of Incorporation) Projected 7/1/98 Pate first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.) 220 Herald Place Syracuse, NY 13202 (Current mailing address) Home Health Care (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name: Name: Name: Office Address: Fort Lauderdale Fort Lauderdale 7, Florida , 33311 (Zip Code)

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.

(Registered agent's signature)

with and accept the obligations of my position as registered agent,

12. Names and addresses of officers and/or direct	ectors:
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DIRECTORS A. April Stone Chairman: _____ 4957 Cornish Heights Address: Syracuse NY 13215 Vice Chairman; _____ Address: _ Director: _____ Address: ·Director: Address: _____ В. **OFFICERS** President __April Stone 4957 Cornish Heights Address: ___ Syracuse, NY 13215 Vice President: ____David Stone Address: 4957 Cornish Heights Syracuse NY 13215 Secretary: Address: _____ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

State of New York **Department of State**

I hereby certify, that the certificate of incorporation of EMPIRE INFUSION, INC. was filed on 12/15/1994, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

> Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of March one thousand nine hundred and ninety-eight.

> > ecretary of State

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