

ACCOUNT NO. : 07210000032

REFERENCE: 805719 4363280

AUTHORIZATION :

ORDER DATE: May 4, 1998

ORDER TIME: 10:47 AM

ORDER NO. : 805719-035

CUSTOMER NO: 4363280

CUSTOMER: Mr. Ernest P. Rubino Interim Healthcare Inc. 2050 Spectrum Boulevard

Fort Lauderdale, FL 33309

FOREIGN FILINGS

NAME:

INTERIM HEALTHCARE OF EASTERN

VIRGINIA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

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700002531587--3

DIVISION OF CORPORATION

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. INTERIM HEALTHCARE OF (Name of corporation: must include the	word "INCORPORATED", "COMPAN	Y". "CORPORATION" or words or
abbreviations of like import in language or partnership if not so contained in the	as will clearly indicate that it is a corp	poration instead of a natural person
2. Oklahoma (State or country under the law of white	ch it is incorporated) 3. (FEI numbe	r, if applicable)
4. <u>12/29/1989</u> (Date of Incorporation)	5. <u>Perpetual</u> (Duration: Year corp. wi	il cease to exist or "perpetual")
6. <u>Upon Qualification</u> (Date first transacted business in Florid	a. (See sections 607.1501, 607.150	2, and 817.155, F.S.) 28 ≚∞
7. 6160 Kempsville Circl Smithfield Building	e	B 28
Norfolk, VA 23502	<u></u>	17 2 FE
8. Any and all lawful by (Purpose(s) of corporation authority)	(Current mailing address) usiness led in nome state or country to be car	ried out in the state of Florida
9. Name and street address of Floracceptable) Name: Rapha	ida registered agent: (P.O. Box	
Office Address:	2050 Spectrum Blvd.	
	Ft. Lauderdale	Florida, 33309
		(Zip Code)
10. Registered agent's acceptar		•
Having been named as registered corporation at the place designating registered agent and agree to act all statutes relative to the proper and accept the obligations of my residuals.	ted in this application, I here in this capacity. I further agree t and complete performance of m	by accept the appointment as to comply with the provisions of
By: (Regist	ered agent's signature)	

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: (Street address ONLY- P.O. Box NOT acceptable) A. DIRECTORS (Street address only- P.O. Box NOT acceptable) Chairman: SEE ATTACHMENT Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P.O. Box NOT acceptable) President: SEE ATTACHMENT Address: Vice President: Secretary: Address: 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. _____

(Typed or printed name and capacity of person signing application)

DIRECTORS	OFFICERS	
Dana J. O'Brien	James H. Booth	
52 Club Road	President & CEO	
Riverside, CT 06878	2997 Wentworth	
	Weston, FL 33332	
Robert H. Getz	Kathleen A. Gilmartin	
167 E. 82 nd St., Apt. 10D	Vice President, COO	
New York, NY 10028	656 SW 14th Street	
	Boca Raton, FL 33486	
James H. Booth	Paul Haggard	
2997 Wentworth	Vice President, Treasurer & CFO	
Weston, FL 33332	11010 SW 38th Drive	
	Davie, FL 33328	
Kathleen A. Gilmartin	Philip A. Baird	
656 SW 14th Street	Vice President, Franchise/License	
Boca Raton, FL 33486	Operations	
	1207 Middle River Drive	
	Ft. Lauderdale, FL 33304	98
Paul Haggard	Raphael D. Umansky	
11010 SW 38th Drive	Secretary and General Counsel	
Davie, FL 33328	694 Verona Court	
	Weston, FL 33326	3
	Jo Ann Sandbach	
	Regional Vice President	
	3203 Rainview Circle	
	Louisville, KY 40220	
	Louisvine, NI 40220	

