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THANKS!

CR2E031 (1-89)

Acknowleagment

W.P. Verifier

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.	Continental Health Care, Inc.
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	Ohio 3. 34-1608255
	Ohio State or country under the law of which it is incorporated) 3. 34-1608255 (FEI number, if applicable)
4.	December 8, 1988 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	October 1997
	(Sate hist transacted business in Florida, (See Sections 607.1301, 607.1302, and 617.133, F.S.)
7.	15673 Neo Parkway Cleveland, Ohio 44128
	(Current mailing address)
	To engage in any lawful act or activity for which corporations may be formed
8.	7 S 98
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent:
	Name: CT CORPORATION SYSTEM Office Address: c/o CT Corporation System, 1200 South Pine Island Road
	Name and street address of Florida registered agent: Name: CTCORPORATION SYSTEM Office Address: c/o CT Corporation System, 1200 South Pine Island Road
	Plantation , Florida, 33324 (Zip Code)
	(Zip Code)
	Registered agent acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place
te ur	wing been framed as registered agent and to accept service of process for the above stated corporation at the place signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, d I am familiar with and accept the obligation of my position as registered agent.
	C T CORPORATION SYSTEM
	(Registered agent's signature) (Officer)
	Gil S. Apelis, Asst., Secretary

(Type Name and Title of Officer)

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) Nicholas J. Opalich 20816 South Woodland Road, Shaker Heights, Ohio 44122 Address: ____ Vice Chairman: Address: ___ Rand Curtiss Director: ____ 3550 Lander Road Suite 160 Address: Pepper Pike, Ohio 44124 Director: David Weinder, MD 25124 Margot Court Address: Beachwood, Ohio 44122 B. OFFICERS (Street address only - P.O. Box NOT acceptable) Nicholas J. Opalich President: 20816 South Woodland Road Address: __ Shaker Heights, Ohio 44122 Vice President: ___Nancy Melamed 34110 Chagrin Blvd., Suite 6103 Address: Moreland Hills, Ohio 44022 Address: __ Treasurer: 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)

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

Nicholas J. Opalich, Chairman

14.

UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show CONTINENTAL HEALTH CARE, INC., an Ohio corporation, Charter No. 738121, having its principal location in Cleveland, County of Cuyahoga, was incorporated on December 12th, 1988 and is currently in GOOD STANDING upon the records of this office.





WITNESS my hand and official seal at Columbus, Ohio on July 16, 1998

Pob Toff

Bob Taft Secretary of State