

HOUSECALL[®]
MEDICAL RESOURCES, INC.

August 12, 1998

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Z120375072

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Filing of Application by Foreign Corporation for Authorization to Transact
Business in Florida

600002618196--0
-08/17/98--01150--002
*****70.00 *****70.00

Dear Sir/Madame:

Enclosed please find for filing with the Florida Department of State, Division of Corporations an original and one copy of the Filing of Application by Foreign Corporation for Authorization to Transact Business in Florida for Messick Homecare, Inc.

Also enclosed please find check number 7030 in the amount of \$70.00, for the filing fee.

If you have questions regarding the enclosed information, please do not hesitate to contact Susan Groccia at 770-379-9000. We kindly request that a confirmation of notice be sent to us at the address contained on the letterhead. Thank you for your assistance in this matter.

Sincerely,

Deborah Haas Thaler

Deborah Haas Thaler
Associate Counsel

Enclosures - as stated

FILED
AUG 17 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/18

**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. Messick Homecare, 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. Tennessee
(State or country under the law of which it is incorporated)
3. 62-1384961
(FEI number, if applicable)
4. March 27, 1989
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 307 Hickerson Drive
Murfreesboro, TN 37129
(Current mailing address)
Home health care services
8. _____
(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: (P.O. Box or Mail Drop Box NOT acceptable)**

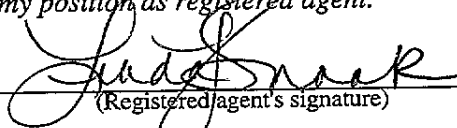
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida, 32301
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered 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.

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TALLAHASSEE FLORIDA

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 attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Fred C. Follmer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Fred C. Follmer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

OFFICERS/DIRECTORS RIDER

MESSICK HOMECARE, INC.

List of Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
James T. Messick	President	307 Hickerson Drive Murfreesboro, TN 37129
Daniel J. Kohl	Vice President	1000 Abernathy Road Building 400, Suite 1825 Atlanta, GA 30328
Shaun P. Mahoney	Vice President	1000 Abernathy Road Building 400, Suite 1825 Atlanta, GA 30328
Roger Richardson	Vice President	307 Hickerson Drive Murfreesboro, TN 37129
Fred C. Follmer	Secretary Treasurer	1000 Abernathy Road Building 400, Suite 1825 Atlanta, GA 30328

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TALLAHASSEE FLORIDA

List of Directors

<u>Name</u>	<u>Address</u>
Daniel J. Kohl	1000 Abernathy Road Building 400, Suite 1825 Atlanta, GA 30328
Fred C. Follmer	1000 Abernathy Road Building 400, Suite 1825 Atlanta, GA 30328
Shaun P. Mahoney	1000 Abernathy Road Building 400, Suite 1825 Atlanta, GA 30328

Secretary of State

Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

ISSUANCE DATE: 07/02/1998
REQUEST NUMBER: 3530-0542
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/27/1989
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0213972
JURISDICTION: TENNESSEE

TO:
HOUSECALL MEDICAL RESOURCES INC
1000 ABERNATHY RD
BLDG 400/STE 1825
ATLANTA, GA 30328

REQUESTED BY:
HOUSECALL MEDICAL RESOURCES INC
1000 ABERNATHY RD
BLDG 400/STE 1825
ATLANTA, GA 30328

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"MESSICK HOMECARE, INC."

THAT THE CORPORATION IS DELINQUENT IN THE PAYMENT OF FRANCHISE AND EXCISE TAXES;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
98 AUG 17 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/02/98

FROM:
HOUSECALL MEDICAL RESOURCES, INC.
1000 ABERNATHY RD.
BLDG 400-18TH FLOOR
ATLANTA, GA 30328-0000

RECEIVED:	FEES	
	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00002333564
ACCOUNT NUMBER: 00224115



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE