TO:

Qualification/Tax Lien Section

Division of Corporations

SUBJECT: <u>Saad's Professional Services, Inc.</u>

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joseph F. Danner	
(Name of Person)	
Saad's Professional Services, Inc. (Firm/Company)	99 HAR SECIRE
Post Office Box 16368	
(Address)	
Mobile, Alabama 36616	
(City/State/Zip)	TAIE ORIBA

Should you need to call someone concerning this matter, please call:

Joseph F. Danner (Name of Person)

) 343-9600

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:

Saad's Professional Services, Inc. (Name of corporation: must include the word "INCORPO words or abbreviations of like import in language as will enatural person or partnership if not so contained in the natural person."	RATED", "COMPANY", "CORPORATION" or clearly indicate that it is a corporation instead of a ame at present.)
	3. 63–1052154
2. Alabama (State or country under the law of which it is incorporated	d) (FEI number, if applicable)
(State of country under the 12th of the 12	
. 0/16/09	5 Perpetual
4. 8/16/88 (Date of Incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or
(Date of Interpretation)	"perpetual")
6. February 1, 1999	
6. February 1, 1999 (Date first transacted business in Florida. (SEE SECTION)	ONS 607.1501, 607.1502, AND 817.155, F.S.)
7. Post Office Box 16368	·
/. Post office hox 10300	
Mobile, Alabama 36616	
(Current maili	na address)
(Current man	ng address)
8. To provide home health services. (Purpose(s) of corporation authorized in home state or	and to be corried out in the state of Florida
9. Name and street address of Florida registered	i agent: (P.O. Box or Mail Drop Box NOT
acceptable)	
•	SET - III
Name: C T Corporation System	EFF ST
 -	<u> </u>
Office Address: 1200 South Pine Island	Road ZA 5
Office Address.	D _A
Plantation	, Florida , 33324
	(Zip Code)
10. Registered agent's acceptance:	•
Having been named as registered agent and to corporation at the place designated in this apprepriate agent and agree to act in this capacity. all statutes relative to the proper and complete pand accept the obligations of my position as regist	I further agree to comply with the provisions of erformance of my duties, and I am familiar with ered agent. ALLAN FARNELL
£	ASSISTANT SECRETARY
(Registered ag	ent'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

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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) CER APPACEED

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Address:			 		- -, -,-	2
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Vice Chairman:					-	
					- -	
					- *-	
Director:						
 -						
						-
Address:						
R OFFICERS (St	reet address only- P. O.	Box NOT accepta		· · · · · · · · · · · · · · · · · · ·		
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NOTE: If nacaceas	ry you may attach an ado	lendum to the applic	cation listing	additional		
officers and/or dire	ctors.	7				

Vice Chairman, or any officer listed in number 12 of the application) (Signature of Chairman,

14. Henry B. Fulgham, Vice President/Operations (Typed or printed name and capacity of person signing application)

Name	Address		SSN	
Dorothy S. Saad President and CEO	6207 Cottage Hill Road, Suit Mobile, Alabama 36609	e G	411-44-5090	- 137
Alexander J. Saad Vice President/Finance	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	e G	421-76-5376	_ · · · · · · · · · · · · · · · · · · ·
Henry B. Fulgham Vice President/Operations	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	e G	416-74-1906	. –
Barbara S. Fulgham Secretary	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	e G	417-80-6581	
Alexander J. Saad Treasurer	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	e G	421-76-5376	
Dorothy S. Saad Director	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	e G	411-44-5090	e de la companya de l
Gregory Saad Director	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	. .	423-82-8851	
E. J. Saad Director	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	G	422-08-9603	
L. J. Saad Director	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	G	416-84-6511	
Dorothy Saad-Dunning Director	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	G	420-78-0989	٠.,
Alexander J. Saad Director	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	G	421-76-5376 -	
Henry B. Fulgham Director	6207 Cottage Hill Road, Suite Mobile, Alabama 36609	G	99 MAR - 1 PH 3: TABLE FARY STA	FILED
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State of Alabama

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Saad's Professional Services, Inc. incorporated in Mobile County, Mobile, Alabama on August 16, 1988. I further certify that the records do not disclose that said Saad's Professional Services, Inc. has been dissolved.

SECRETARY OF STATE



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

February 23, 1999

Date

Jin Premier

Jim Bennett

Secretary of State