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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 5, 1999

C T CORP

SUBJECT: INTREPID OF FLORIDA, INC.

Ref. Number: W99000008073

JIbla Health Mate of Florida, Inc.

We have received your document for INTREPID OF FLORIDA, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 899A00017073

Walk - In Pick - 4P 4115 199

DEPARATIONS OF STATE BIVISION OF CORPORATIONS TALL AMB SSEE, FLORIDA

99 APR 15 PM 2: 58

BECEIVED

WRITTEN ACTION
in lieu of a
SPECIAL MEETING
of the
BOARD OF DIRECTORS
of
INTREPID OF FLORIDA, INC.
April 7, 1999



The following resolutions are hereby adopted by written action of the undersigned, the sole director of Intrepid of Florida, Inc., a Minnesota corporation (the "Corporation"). Pursuant to Section 2.10 of the By-Laws of the Corporation, these resolutions shall have the same force and effect as if adopted at a meeting of the Corporation's board of directors duly called and held at 10:00 a.m. on April 7, 1999.

RESOLVED, that INTEFPID OF FIORIDA, INC., organized and existing in the State of Minnesota, hereby adopts the name HealthMate of Florida, Inc. for use in Florida.

FURTHER RESOLVED, that the President of the Corporation shall have full authority to execute on behalf of the Corporation any and all documents on behalf of the Corporation necessary to effect the transactions above contemplated.

Todd J. Garamella, Director and

Chairman of the Board

Fodd I. Garamella, President

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:

	e law of which it is incorpora	3. <u> </u>	applied	for if applicab	ile)
State or country under th	e law or which it is incorpora	rea)	(I DI non	toor, w rbbwer	,
3/24/99		5.	Perpetual		
(Date of Incorpo	oration)	(Du	ration: Year corp. w "perpenial")	ill cease to exist	or
n/a - upon	filing business in Florida (SEE SEC	TONE 607 1:	501 607 1502 AND	117 155 FS)	····
(Date hist transacted	business in Florida. (SEE SEC	.1.100 2001.1.)(1, 007.1302, MD.	311133,1100,	
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6750 France Ave	nue South, Suite 275	. Edina,	MN 55435		
	(Current ma				
	•	-			
Home Health Care	e Services			Ξ_{c}	ഥ
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(Purpose(s) of corporati	on authorized in home state o	r country to	be carned out in the	state of Flongs	, <u>-</u>
(Purpose(s) of corporati	e Services on authorized in home state o	r country to		- P W	<u>vore</u>
(Purpose(s) of corporati Name and street add acceptable)	on authorized in home state o	ed agent:	(P.O. Box or Ma	il Drop Box	<u>vore</u>
(Purpose(s) of corporati Name and street add acceptable) Name:	on authorized in home state o	ed agent:	(P.O. Box or Ma	il Drop Box 1	vo ž i
(Purpose(s) of corporati Name and street add acceptable) Name:	on authorized in home state of the conference of Florida registers CT Corporation Systems: 1200 South Pine Island	ed agent:	(P.O. Box or Ma	Drop BSSEE, I LORIDA	PE 15 PM 3: 36

Michele R. (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.

12.	Names and addresses of officers NOT acceptable)	and/or director	s: (Street address	ONLY- P. O. Box
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officers and/or directors.

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

14. Todd J. Garamella, President/CEO and Chairman

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

State of Minnesota

SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the Chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

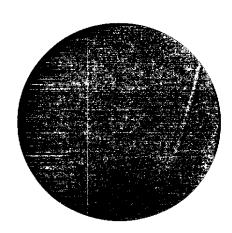
NAME: Intrepid of Florida, Inc.

DATE FORMED: 03/24/1999

CHAPTER GOVERNED BY: 302A

This certificate has been issued on March 24,1999.

99 APR 15 PM 3: 36
SECRETARY OF STATE
VALUE ANASSES FLORIDA



Mary Hiffmayer Secretary of State.