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December 19, 2000

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: Approved Health Care, LLC

400003503464--4
-12/20/00--01033--004
****160.00 ****160.00

Dear Sir or Madam:

Enclosed please find the original and one copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and Certificate of Designation of Registered Agent/Registered Office. Please file the original Application and Certificate and return the extra time-stamped copy, the Certified Copy and the Certificate of Status to the undersigned via Federal Express. A Federal Express shipping label has been enclosed for your convenience.

We have enclosed a check in the amount of \$160.00 to cover the fees of the requested services.

Thank you for your assistance. If you have any questions or need additional information, please feel free to contact our office.

Sincerely,

PICKREL, SCHAEFFER AND EBELING
CO., L.P.A.

Teresa M. Cundiff
Teresa M. Cundiff
Corporate Paralegal

/tmc
Enclosures

5

FILED
DEC 20 AM 9:13

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Approved Health Care, LLC
(Name of foreign limited liability company)
2. Ohio 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. December 1, 2000 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. January 1, 2001 (approximately)
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 10185 Park Edge Drive
Dayton, Ohio 45458
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:


Cindy Heit-Welch - 10185 Park Edge Drive, Dayton, Ohio 45458

Randall Welch - 10185 Park Edge Drive, Dayton, Ohio 45458

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

operate a home care agency


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Cindy Heit-Welch

Typed or printed name of signee

FILED
00 DEC 20 AM 9:13
TAMPA, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Approved Health Care, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System
(Name)

1200 S. Pine Island Rd.

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

C. A. Record
(Signature)

**Carol Record
Assistant Secretary**

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
00 DEC 20 AM 9:13
TALLAHASSEE, FLORIDA

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

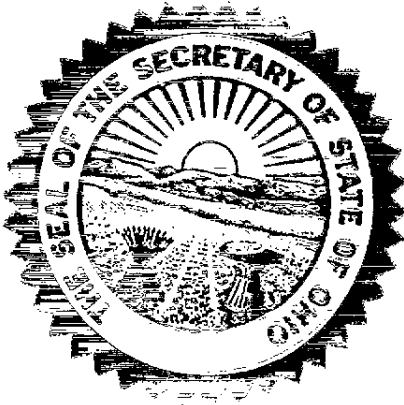
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I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show APPROVED HEALTH CARE, LLC, an Ohio Limited Liability Company, Registration No. 1195489, was organized within the State of Ohio on December 1, 2000, is currently in FULL FORCE AND EFFECT upon the records of this office.

WITNESS my hand and official seal at

Columbus, Ohio on

December 18, 2000



J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State