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Alan P. Xenakis, MD
2916 Grand Prairie Drive
Joliet, Illinois 60431

100004787701--3
-01/22/02--01039--004
*****87.50 *****87.50

January 16, 2002

W02-2097

Dear Florida Department of State:

100004787701--3
-03/06/02--01056--005
*****87.50 *****87.50

I am applying for Registration of a Foreign Corporate Name for XenaCare, LLC.

Please find enclosed:

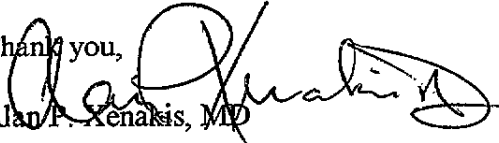
- Certificate of Formation
- Certificate of Good Standing
- Application for the Registration of a Foreign Corporate Name
- Application Fee in the Form of a Check for \$87.50

Please send my registration letter of acknowledgement to:

Mailing Address:

Alan P. Xenakis, MD
2916 Grand Prairie Drive
Joliet, Illinois 60431

Telephone: 815 483-5710
Fax: 815 577-6590

Thank you,

Alan P. Xenakis, MD

FILED
02 MAR -7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 25, 2002

ALAN P XENAKIS MD
2916 GRAND PRAIRIE DRIVE
JOLIET, IL 60431

SUBJECT: XENACARE LLC
Ref. Number: W02000002097

We have received your document for XENACARE LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$37.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Michael Mays
Document Specialist

Letter Number: 902A00004350

02 MAR -7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. XENA CARE LLC
(Name of foreign limited liability company)

2. DELAWARE 3. 60-0000692
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/20/2001 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 2002 (TO TRANSACTION ONCE AUTHORIZATION RECEIVED)
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 5621 ASPEN RIDGE CIRCLE
DELRAY BEACH, FLORIDA 33484
(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:

5621 ASPEN RIDGE CIRCLE
DELRAY BEACH, FLORIDA

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TALLAHASSEE, FLORIDA

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: HEALTH CARE MANAGEMENT SERVICES COMPANY

ALAN P. XENAKIS MD
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.)
ALAN P. XENAKIS MD
Typed or printed name of signee

**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:

XENA CARE LLC

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

ALAN P. XENAKIS, MD.
(Name)

5621 ASPEN RIDGE CIRCLE

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

DELRAY BEACH

FL

33484

City/State/Zip

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TALLAHASSEE, FLORIDA

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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..

Alan P. Xenakis

(Signature)

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

Delaware

PAGE 1

The First State

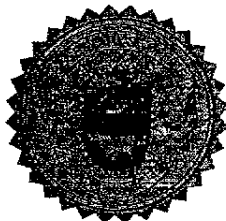
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XENACARE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XENACARE LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2001.

FILED
02 MAR -7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1551152

DATE: 01-10-02