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Global HealthCare Group

Experts in HealthCare Staffing, Medical Billing & HealthCare Services.

4800 Linglestown Road, Suite-200; Harrisburg, PA 17110 2151 (80



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J. BRYAN SEP 1 0 2003



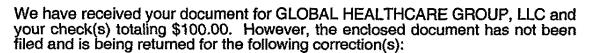
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 28, 2003

GLOBAL HEALTHCARE GROUP 2151 LINGLESTOWN ROAD, STE. 180 HARRISBURG, PA 17110

SUBJECT: GLOBAL HEALTHCARE GROUP, LLC

Ref. Number: W03000024605



There is a balance due of \$25.00.

We need the 2 page of form listing registered agent in Florida.,

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6043.

Letter Number: 903A00048551

Joey Bryan Document Specialist Master of March Confessions



√Home Healthcare
√Rehab Services
√Nurse Staffing
√Travel Nurses
√Foreign Nurses
√Correctional Nurses
√CGFNS / NCLEX Training

✓Medical Equipment
✓Medical Uniforms/Shoes
✓Medical Billing
✓Medical Transcription
✓Medical Record Keeping
✓Franchise Available
✓Business Alliance

MS SER - 8 M 8: 25

TEAMWORK-Together we achieve the extraordinary!

September 4, 2003

Joey Bryan
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Ref: #W03000024605, reply to you letter dated August 28, 2003

Dear Joey:

As per your request, we have enclosed:

- 1. \$25 check
- 2. Original Certificate of Good Standing
- 3. Signed Registered agent form

Please call us at -1800-364-1218 for any additional information. Thanks.

Sincerely,

Ken Kendre, President & CEO

Harrisburg Office
Tel: 717-540-1500, Fax 717-540-8502
Toll Free 1-800-364-1218
2151 Linglestown Road, Suite 180
Harrisburg, PA 17110

Tel: 610-667-2500, Fax 610-667-2535 301 City Line Ave. Bala Cynwyd, PA 19004

Philadelphia Office

Atlanta Office
Tel: 770-934-5252, Fax 770-934-5859
Toll Free 1-800-505-5850
2179 Northlake Parkway Bldg-5, Suite 114
Tucker, GA 30084

Email: info@GlobalHealthcareGroup.com • Web: www.GlobalHealthcareGroup.com

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

1. GLOBAL HEALTHCARE GROUP, LLC. (Name of foreign limited liability company) 2. PA (Jurisdiction under the law of which foreign limited liability company) 3. 25-/836736 (FEI number, if applicable) (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") 6. 5-/-2003 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 7. 1801 S. Federal Highway Suite 106 Boca Raton FL 334332 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here (A) 9. The name and usual business addresses of the managing members or managers are as follows: DNYANOBA KENDRE 1018 Wooded Pond Dr ARUNA KENDRE Harris busy PA 17111 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 tarshaton of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Home Health Care		COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ATTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
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4. 5-1-1999 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. 5-1-2003 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 7. 1801 S. Federal Highway Suite 106 Boca Raton FL 334332 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here \(\frac{1}{2} \) 9. The name and usual business addresses of the managing members or managers are as follows: \[\frac{1}{2} \text{NANOBA} \text{KENDRE} \frac{1}{2} \text{1018} \text{Wooded Pond Dr ARUNA KENDRE} \frac{1}{2} \text{1111} \] 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 translation must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Home Health Care	_	(Name of foreign limited liability company)
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sentre		-sevelye
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.)		(In accordance with section 608.408(3), F.S., the execution of this document constitutes
DNY and ba Kendre		
Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

August 29, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THE LED W. 8:26 M. B. 26 M. B.

GLOBAL HEALTHCARE GROUP LLC.

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth