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FLORIDA/FOREIGN LIMITED LIABILI

Heartland Home Health Care Services, LLC

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11/14/2007

CI CORPORATION SYSTM

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

IN COMPLIANCE WITH SECTION GOSSOS, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HARRING COMPANY TO TRANSACTED ISLANDS IN THE STATE OF PLOPINA.

	: Health Care Services, LLC				
(Name of Fo	weign Limited Liability Compa	ny; must includ	le "Limited Liability Comp	any," "L.L.C.," or	'L.C.")
name unavailable naent of the mana empany," "L.L.C.	c, outer alternate name adopted agers or managing members add	for the purpose opting the altern	o of transacting business in nate name. The alternate na	Florida and attach : me must include "I	a copy of the wi
Ohio		•	34-1787967		
company is organ	er the law of which foreign lim	ited Hability	(FEI munb	er, if applicable)	· · · · · · · · ·
December 7, 19	994	. 5	Perpetual	Æ	780
(0)	Date of Organization)		(Duration: Year limited exist or "perpetual")	E	2
	,			(V)	<u> </u>
	(See sections 608.501 &	business in Plos 2 608.502 P.S.	rida, if prior to registration to determine penalty liabili	s) tri	
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Toledo, Ohio 43	3604			S.	E C
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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	e of the Limited Liability Comp	any is:			
Heartland Hou	ue Health Care Services, LLC				
If name una	vailable, the alternate name to b	e used in the state of	'Florida is:		
····					
2. The name	e and the Florida street address	of the registered ages	nt and office are	ZOI TAL SI	
	СТ	Corporation System		ZOOT NOV	CONTO
		(Name)		(7)	-
	1200 8	South Pine Island Road		RY C	. (71
Plorida Street Address (P.O. Box. NOT ACCEPTABLE)					Ö
,	Plantation	FL	33324	II: 02 STATE LORIDA	_
•		City/State/Zip		IO	

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, Florida Statutes.

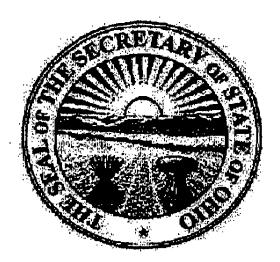
By: Sanarth Somewitten Tener
(S) generore) Assistant Secretary

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

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United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, 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 business entitles; that said records show HEARTLAND HOME HEALTH CARE SERVICES, LLC, an Ohio Limited Liability Company, Registration Number 887510, was organized within the State of Ohio on December 07, 1994, is currently in FULL FORCE AND EFFECT upon the records of this office.



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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of November, A.D. 2007

Ohio Secretary of State

Validation Number: V2007312N0C84B

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