

Charter Number Only

P21427

VALIDATION ONLY

C T CORPORATION SYSTEM

Requestor's Name

1311 Executive Center Drive, Suite 200

Address

Tallahassee, Florida 32301 (904) 656-8298

City

State

ZIP

Phone

CALL CONNIE OR MELANIE IF ANY PROBLEMS

CORPORATION(S) NAME

600292723786

10/26/88	00099	001	
FOREIGN FILINGS			
REGISTERED AGENT			20.00
CHARTER FILING			20.00

TOTAL			40.00

APP Health Services, Inc.

REC'D
FALL AM SEC
FILED
DIR OCT 24
PM 3:21

- Profit
- NonProfit
- Amendment
- Merger
- Foreign
- Dissolution
- Mark
- Limited Partnership
- Annual Report
- Other
- Reinstatement
- Reservation
- Change of Registered Agent
- Certified Copy
- Photo Copies
- Certificate Under Seal
- Call When Ready
- Walk In
- Call If Problem
- Pick Up
- After 4:30
- Mail Out

Name	APP
Availability	DOB
Department	DCC 1
Customer	DCC
Vendor	DCC
Number	DCC
Agreement	DCC
A.P. Number	DCC

J:00
10-24-88

G. TAX _____
 F. _____
 I. _____
 L. _____
 M. _____
 N. _____
 O. _____
 P. _____
 Q. _____
 R. _____
 S. _____
 T. _____
 U. _____
 V. _____
 W. _____
 X. _____
 Y. _____
 Z. _____

P21427



Florida Department of State, George Firestone, Secretary of State
**APPLICATION BY FOREIGN CORPORATION FOR
 AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. ARA Health Services, Inc.
 (Name of corporation adding the word "INCORPORATED" or "CORPORATION" if not so contained in the name at present).
2. Missouri
 (Incorporated Under the Laws of)
3. November 8, 1982 4. Not Yet Begun
 (Date of Incorporation) (Date first transacted business in Florida)
5. ARA Tower, 1101 Market Street, Philadelphia, PA 19107
 (Address of Principal Office)
6. C T CORPORATION SYSTEM
 (Name of Florida Registered Agent)
c/o C T CORPORATION SYSTEM, 8751 WEST BROWARD BLVD.
 (Street Address in Florida of Registered Agent)
PLANTATION FLORIDA 33128
 (City) (State Florida) (Zip Code)
7. To engage in any legal and lawful activity for which corporations may
 (Nature of Business to be Transacted in Florida)
be organized under the general corporation laws of Florida.

FILED
 DEC 21 1982
 ST. LOUIS
 MISSOURI

8. NAME OF OFFICERS		SPECIFIC ADDRESSES
<u>Walter J. Schriver</u>	(P)	<u>999 Executive Parkway, St. Louis, MO 63141</u>
<u>Rick Turpenoff</u>	(V)	<u>" " " "</u>
<u>Janice E. Hardin</u>	(S)	<u>" " " "</u>
<u>Bradley D. Stiegemeier</u>	(T)	<u>" " " "</u>
<u>Kimber L. DURR - Asst. Secretary</u>		
NAME OF DIRECTORS		SPECIFIC ADDRESSES
<u>Julian Carr</u>	(D)	<u>999 Executive Parkway, St. Louis, MO 63141</u>
<u>L.F. Sutherland</u>	(D)	<u>1101 Marker St., Philadelphia, PA 19107</u>
	(D)	
	(D)	

9. I am familiar with and accept the obligations provided for in s. 607.325.
 Acceptance by the Registered Agent: W. T. Allen **W. T. ALLEN**
 Special Assistant Secretary
 Agent must sign on this line

10. 1000 Common Shares at \$1.00 Par Value
(Total Authorized Shares (itemized by Class), Par Value of Shares, & without Par Value)

Two officers must sign this application

Kimber L. Durr

~~Assistant Secretary~~ Assistant Secretary

Kimber L. Durr

Walter J. Schriver

~~President~~ President

Walter J. Schriver

State of Missouri

County of St. Louis

The foreign instrument was acknowledged before me this 20 day

of October, 19 88, By _____

(Name of Officer)

(Title of Officer)

of ARA Health Services, Inc.

(Name of Corporation)

A ~~body~~ Missouri Corporation, on behalf of the Corporation.
(State or Country)

(Seal)

Paul Lane
Notary Public

NOTARY PUBLIC STATE OF MISSOURI
OFFICIAL CO.
BY COMMISSION EXP. NOV. 23, 1987
ISSUED BY MISSOURI NOTARY ASSOC.

STATE OF MISSOURI



ROY D. BLUNT
SECRETARY OF STATE

CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

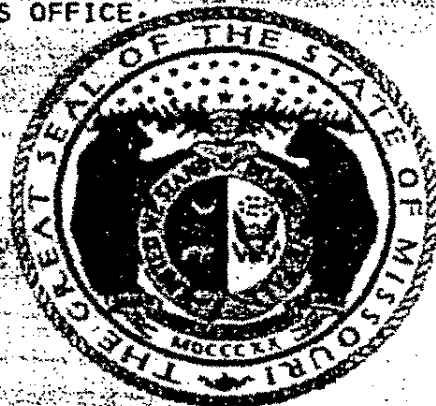
RECORDED
FALLS CHAMBERLAIN
OCT 24 PM 3 21

I, ROY D. BLUNT, SECRETARY OF STATE OF THE STATE OF MISSOURI,
DO HEREBY CERTIFY THAT THE RECORDS IN MY OFFICE AND IN MY CARE
AND CUSTODY REVEAL THAT
ARA HEALTH SERVICES INC.

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE 8TH
DAY OF NOVEMBER, 1982, AND IS IN GOOD STANDING, HAVING FULLY
COMPLIED WITH ALL REQUIREMENTS OF THIS OFFICE.

IN TESTIMONY WHEREOF, I HAVE SET MY
HAND AND IMPRINTED THE GREAT SEAL OF
THE STATE OF MISSOURI, ON THIS, THE
19TH DAY OF OCTOBER, 1988.

Roy D. Blunt
Secretary of State



FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

AUG 30 8 32 AM '89

Read Rules and Instructions on Order Form Before Making Entries.
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

ZIP + 4

P21427 0
ARA HEALTH SERVICES, INC.
ARA TOWER
1101 MARKET STREET
PHILADELPHIA, PA 19107-2936

If above addresses incorrect in any way enter the correct address in Section 6. Includes Zip Code

2. Enter Filing Fee of \$35 in Cash/PA or Principal Office, PO Box Number Above is NOT Sufficient

3. Street Address 21

4. PO Box No. 22

5. US 30/89 00112 004

6. City and State

7. Zip Code 23

8. ANNUAL REPORT 35.00

9. TOTAL 35.00

3. Date Incorporated or Changed To Do Business in Florida: 10/24/1988

4. Federal Employer Identification Number (FEIN): 43-1281312

5. Date of Last Report

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

No.	Name of Officers and Directors	Street Address of Each Office and Director (Do NOT Use Post Office Box Number)	City and State
P	SCHRIVER, WALTER J.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
V	TURPENOFF, RICK	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
S	HARDIN, JANICE E.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
T	STIEGEMIER, BRADLEY D.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
A/S	DURR, KIMBER L.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
D	CARR, JULIAN	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
D	Sutherland, L.F.	1101 Market St., Phila., PA	19101

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

C. T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION, FL 33324

8. Name and Address of Former Registered Agent

9. Street Address 1 (Do NOT Use P.O. Box Number, if)

10. Street Address 2 (Do NOT Use P.O. Box Number, if)

11. City and State 84

12. Zip Code 85

FL

13. Pursuant to the provisions of Sections 607.031 and 607.032, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent, and execute the signature of Section 607.034 F.S.

SIGNATURE _____ DATE _____

14. If a foreign corporation, does the principal business in Florida

15. See signature requirements and instructions on reverse side of this form

16. I hereby certify that I am an Officer or Director of the Corporation, the Holder of Shares Entitled to Exercise This Power, and by Chapter 607 F.S. I hereby certify that I understand my signature on this report shall have the same legal effect as if it were the signature of the Officer or Director specified in Block #1.

Signature _____ Date June 20, 1989

Name of Signing Officer or Director: Joseph Wilkes Title: Authorized Agent President Telephone Number: 215-238-3162

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

**CORPORATION
ANNUAL REPORT
1990**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

6-25-90 2:09
6-25-90 2:00

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

P21427 0

ZIP + 4 PRESORT

**ARA HEALTH SERVICES, INC.
ARA TOWER
1101 MARKET STREET
PHILADELPHIA, PA 19107-2936**

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address of Bank 1 is incorrect in any way, enter the correct address below. P.O. Box number is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida

10/24/1988

4. FEI Number

43-1281312

FEI Number Applied For
FEI Number Fee Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any descriptive title or "and" to connect data in direct information)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	4. City and State
P	SCHRIVER, WALTER J.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
V	TURPENOFF, RICK	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
V	O'HARA, MICHAEL J.	1101 MARKET STREET	PHILA., PA
S	HARDIN, JANICE E.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
T	STIEGEMIER, BRADLEY D. JANE CONDER	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
A/S	DURR, KIMBER L.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
D	CARR, JULIAN L. FREDERICK SUTHERLAND	999 EXECUTIVE PARKWAY 1101 MARKET STREET	ST. LOUIS, MO PHILA., PA

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION, FL 33324**

Name of Agent
Street Address 1 (Do NOT use P.O. Box Number)
Street Address 2 (Do NOT use P.O. Box Number)
City and State 21
Zip Code 24

8. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation accepts responsibility for the filing of this report and the accuracy of the information contained therein. Such change was authorized by resolution duly adopted by its board of directors or its governing authority.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same filed with me and made available to the public as required by Chapter 107, F.S.

Signature: *[Signature]* Date: **6-25-90**
Type/Title of Signing Officer or Director: **Michael J. O'Hara** Title: **Vice President** Telephone Number: **(215) 238-3162**

11. Should you receive a certificate of status check the fee: **CERTIFICATE OF STATUS DESIRED** **\$5 Additional Fee required for a Certificate of Status**

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

**CORPORATION
ANNUAL REPORT
1991**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MAY 26 1991

**APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED**

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation. **DOCUMENT #P21427 (0)**
ZIP + 4 PRESORT

**ARA HEALTH SERVICES, INC.
ARA TOWER
1101 MARKET STREET
PHILADELPHIA, PA 19107-2936**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21	Street Address
22	P.O. Box No.
23	City and State
24	Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date incorporated or Qualified To Do Business in Florida 10/24/1968	4. FEI Number 43-1281312	FEI Number Applied For	5. \$8.75 Additional Fee required for a Certificate of Status
		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

6. Names and Street Addresses of Each Officer and Director (Do not use any correction label if used to cover over incorrect information)			
1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
P	SCHRIVER, WALTER J.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
V	O'HARA, MICHAEL J.	1101 MARKET STREET	PHILADELPHIA, PA
S	HARDIN, JANICE E.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
S	HARDIN, JANICE E.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
T	CONDOR, JANE	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
T	AMMANN, DENNIS	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
A/S	BURR, KIMBER L.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
A/S	SAMETZ, ADRIENNE	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
D	SUTHERLAND, L. FREDERICK	1101 MARKET STREET	PHILADELPHIA, PA

7. REGISTERED AGENT INFORMATION		8. Name and Address of First Registered Agent	
7. Name and Address of Current Registered Agent		81. Name	
C T CORPORATION SYSTEM 8751 WEST BROWARD BOULEVARD PLANTATION, FL 33324		82. Street Address 1 (Do NOT Use P.O. Box Number)	
		83. Street Address 2 (Do NOT Use P.O. Box Number)	
		84. City	85. Zip Code
		FL.	

9. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the affirmations for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report or supplement to annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *[Signature]* DATE **6-1-91**

Typed Name of Signing Officer or Director: **Michael J. O'Hara** Title: **Vice President** Telephone Number (Daytime): **(215) 238-3162**

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Orrin
Secretary of State
DIVISION OF CORPORATIONS

1992

STATE OF FLORIDA
CORPORATIONS DIV.
TALLAHASSEE, FLA.
32303

FILING FEE \$61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation: **DOCUMENT #P21427 (0)**
ARA HEALTH SERVICES, INC.
ARA TOWER
1101 MARKET STREET
PHILADELPHIA PA 19107-2936

2. Address in Book 1 is verified to any mail... (b) State, incorporation or changed To Do Business in Florida: **10/24/1988**

3a. Date of Last Report: **05/24/1991**

4. FEI Number: **43-1281312**

5. Filing Year Applicable: **1992**

6. Filing Fee for Application: **\$61.25**

7. Additional Fee (required for a Certificate of Status): **\$6.75**

8. Certificate of Status Enclosed:

1. Title	2. Name of Officer and Director	3. Street Address of Officer and Director (Do NOT use Post Office Box Numbers)	4. City and State
1. P	SCHRIVER, WALTER J.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
2. V	O'HARA, MICHAEL J.	1101 MARKET STREET	PHILADELPHIA, PA
3. S	HARDIN, JANICE E. PASELLA, JANICE E.	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
4. T	AMMANN, DENNIS	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
5. A/S	SAMETZ, ADRIENNE	999 EXECUTIVE PARKWAY	ST. LOUIS, MO
6. D	SUTHERLAND, L. FREDERICK	1101 MARKET STREET	PHILADELPHIA, PA

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION, FL 33324

8. Name and Address of Last Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Part of the consolidated return-ARA SERVICES & AFFILIATES, INC. 95-2051630

11. Signature: *[Signature]* **6/24/92**

12. Name and Title of Officer: **Michael J. O'Hara Vice President**

13. Telephone Number: **215-338-3162**

17. Check your return compliance to the Electronic Data Gathering (EDG) system...

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

STATE OF FLORIDA
TALLAHASSEE, FLA.
32313

1. Name and Mailing Address of Current Agent DOCUMENT # P21427 (0)

ARA HEALTH SERVICES, INC.
ARA TOWER
1101 MARKET ST
PHILADELPHIA PA 19107

DO NOT WRITE IN THIS SPACE

3. Date last reported or Quoted 10/24/1988
3a. Date of Last Report 08/30/1992

FILING FEE \$200.00
ANNUAL REPORT \$41.25 + \$139.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FD Number 431281312
Applied For Not Applicable

2. Mailing Address	2a. Principal Place of Business	5. Certificate of Status Desired	\$8.75 Additional Fee Required
21. State, Apt. #, etc.	26. State, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Nonprofit with 1001 BOTTICKS for Exempt Status	\$138.75 Supplemental Fee Not Required
23. Zip	28. Country	8. This corporation has liability for a complete tax under S. 106.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country	9. Name and Address of Current Registered Agent	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name	
		10. Street Address (P.O. Box Number is Not Acceptable)	
		10. City	
		10. State FL	
		10. Zip Code	
		10. Country	

11. Pursuant to the provisions of Sections 607.0222 and 607.1501 of Sections 607.0202 and 611, 1993, Florida Statutes, the above named corporation admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent for the above named corporation of Sections 607.0202, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
12.1 TITLE	P SCHRIVER, WALTER J. 999 EXECUTIVE PARKWAY ST. LOUIS MO	13.1 TITLE	
12.2 NAME		13.2 NAME	
12.3 ADDRESS		13.3 ADDRESS	
12.4 CITY, ST, ZIP		13.4 CITY, ST, ZIP	
12.5 TITLE	V O'HARA, MICHAEL J. 1101 MARKET STREET PHILADELPHIA PA	13.5 TITLE	
12.6 NAME		13.6 NAME	
12.7 ADDRESS		13.7 ADDRESS	
12.8 CITY, ST, ZIP		13.8 CITY, ST, ZIP	
12.9 TITLE	S PANELLA, JANICE E. 999 EXECUTIVE PARKWAY ST. LOUIS MO	13.9 TITLE	
12.10 NAME		13.10 NAME	
12.11 ADDRESS		13.11 ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 TITLE	T AMMANN, DENNIS 999 EXECUTIVE PARKWAY ST. LOUIS MO	13.13 TITLE	
12.14 NAME		13.14 NAME	
12.15 ADDRESS		13.15 ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 TITLE	A/S SAMETZ, ADRIENNE 999 EXECUTIVE PARKWAY ST. LOUIS MO	13.17 TITLE	
12.18 NAME		13.18 NAME	
12.19 ADDRESS		13.19 ADDRESS	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	
12.21 TITLE	D SUTHERLAND, L. FREDERICK 1101 MARKET STREET PHILADELPHIA PA	13.21 TITLE	
12.22 NAME		13.22 NAME	
12.23 ADDRESS		13.23 ADDRESS	
12.24 CITY, ST, ZIP		13.24 CITY, ST, ZIP	

14. I hereby declare that the information provided on this annual report of this corporation is true and accurate and that my signature shall have the same legal effect as if made in person. I understand that the filing of this report is a public act and that the information contained therein may be made available to the public. I understand that the filing of this report is a public act and that the information contained therein may be made available to the public. I understand that the filing of this report is a public act and that the information contained therein may be made available to the public.

SIGNATURE DATE 5/26/93
Printed Name of Signing Officer or Director Michael J. O'Hara Vice President
Division Telephone Number (215) 238-3162

ITEM # 8 - This corporation has liability for intangible tax under
S. 199.032, Florida Statutes YES NO

** Part of Consolidated return - ARA Services, Inc. and Affiliates
FEIN 95-2051630

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

P21427

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
94 OCT -6 PM 2:34

DOCUMENT # P21427

1. Corporation Name
ARA HEALTH SERVICES, INC.

Mailing Address: ARA TOWER, 1101 MARKET STREET, PHILADELPHIA PA 19107 2307
Principal Place of Business: ARA TOWER, 1101 MARKET STREET, PHILADELPHIA PA 19107 2307

000001286050
10/10/94 01078-008
***075.00 ***075.00

2. New Mailing Address, if Applicable
3. New Physical Office Address, if Applicable
4. Date incorporated or Qualified To Do Business in Florida: 10/24/1988
5. F.C. Number: 43-1281312
6. CERTIFICATE OF STATUS OES REQ \$0.75 Additional Fee required for a Certificate of Status

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (DO NOT Use Post Office Box Numbers)	4. City/State/Zip
P	SCHRIEVER, WALTER J. MILES, RICHARD	899 EXECUTIVE PARKWAY 1101 MARKET ST	ST. LOUIS MO PHILADELPHIA, PA 19107
V	D'HARA, MICHAEL J.	1101 MARKET STREET	PHILADELPHIA PA 19107
S	PANELLA, JANICE E. SAMETZ, ADRIENNE	899 EXECUTIVE PARKWAY	ST. LOUIS MO 63141
T	AMMANN, DENNIS LACEY, BRUCE	999 EXECUTIVE PARKWAY	ST. LOUIS MO 63141
AS	SAMETZ, ADRIENNE KIM, RUTH	999 EXECUTIVE PARKWAY	ST. LOUIS MO 63141
D	SUTHERLAND, FREDERICK MAHONEY, MELVIN	1101 MARKET STREET	PHILADELPHIA PA 19107

8. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
9. Name and Address of New Registered Agent: FALLEN, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc., City, State, Zip Code

10. I, being appointed the registered agent of the above named corporation, am forthwith and accept the obligations of Section 607.0205, F.S.
Signature of Registered Agent: [Signature] Date: 10/5/94
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See instructions for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes: Yes No (See instructions for information on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption created in Section 119.07(1)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 112.07(3)(a) in the event that the information supplied is determined to be false or misleading. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in Chapter 607, F.S. I further certify that all fees for this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.040(1) or 617.040(1), F.S., and that all taxes owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: 9/23/94 Michael J. O'Hara, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

Document Number Only

P21427

C T CORPORATION SYSTEM

Requestor's Name
1311 Executive Center Dr., Ste. 200

Address
Tallahassee, FL 32301 904-656-0298

City State Zip Phone

CORPORATION(S) NAME

ARA Health Services Inc.

changing name to: Correctional Medical Services

- Profit
- NonProfit
- Amendment
- Foreign
- Dissolution/Withdrawal
- Limited Partnership
- Annual Report
- Reinstatement
- Reservation
- Certified Copy
- Photo Copies
- Call When Ready
- Call if Problem
- Walk In
- Will Wait
- Mail Out
- After 4:30
- Pick Up

FILED
 OCT 26 PM 2 26
 SECRETARY OF STATE
 TALLAHASSEE FL 32304

Time Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

(PLEASE CALL IF YOU HAVE ANY QUESTIONS)

3:00pm

Return EXTRA Copy(s) Filled st.

10/26

Correct for Melanie

10/26

Jay
Name Change

APPLICATION BY FOREIGN CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN
FLORIDA
(s. 607.1504, F.S.)

94 OCT 26 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SECTION I (1-3 must be completed)

1. ABA Health Services, Inc.
Name of corporation as it appears on the records of the Department of State.
2. Incorporated under laws of: Missouri
3. Date authorized to do business in Florida: October 24, 1998

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?
Effective
October 10, 1994, Filed October 7, 1994
5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:
Correctional Medical Services, Inc.
6. If the amendment changes the period of duration, indicate new period of duration.

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Adrienne Sametz
Signature

10/11/94
Date

Adrienne Sametz
Typed or printed name

Secretary
Title

STATE OF MISSOURI



Richard A. Hanson
SECRETARY OF STATE

I, RICHARD A. HANSON, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody as Secretary of State show that

CORRECTIONAL MEDICAL SERVICES, INC.

(Formerly: ARA HEALTH SERVICES, INC.)

was incorporated under the Laws of the State of Missouri on the 8th day of November, 1982 and is in good standing with this Department.

I further certify that on the 7th day of October, 1994, an Amendment was filed in this office changing the name of ARA HEALTH SERVICES, INC. to CORRECTIONAL MEDICAL SERVICES, INC.

I further certify that the effective date of the Amendment was October 10, 1994.

In testimony whereof, I have set my hand and imprinted the Great Seal of the State of Missouri, on this, the 17th day of October, 1994

Richard A. Hanson
Secretary of State

