

F07000004282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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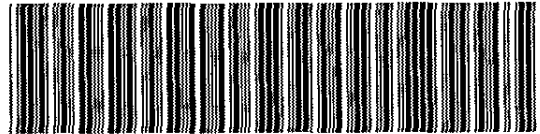
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE AUG 27 2007



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 068924 4332362

AUTHORIZATION *[Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : August 23, 2007

ORDER TIME : 8:56 AM

ORDER NO. : 068924-005

CUSTOMER NO: 4332362

FOREIGN FILINGS

NAME: INFUSION PARTNERS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper -- EXT# 2948

EXAMINER: \_\_\_\_\_

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Infusion Partners, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio

(State or country under the law of which it is incorporated)

3. 58-2102954

(FEI number, if applicable)

4. April 27, 1994

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4623 Wesley Ave., Suite. H, Cincinnati, OH 45212

(Principal office address)

4623 Wesley Ave., Suite. H, Cincinnati, OH 45212

(Current mailing address)

8. home health care provider

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: [Signature]

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Gordon Woodward

Address: 111 Radio Circle

Mt. Kisco, NY 10549

Director: Mary Jane Graves

Address: Two Tower Building, One Fayette Street, Suite 150

Conshohocken, PA 19428

B. OFFICERS

President: see attached officers rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mary Jane Graves

(Signature of Director or Officer listed in number 12 of the application)

14. Mary Jane Graves, Chief Financial Officer

(Typed or printed name and capacity of person signing application)

**FILED**

**RIDER TO APPLICATION BY FOREIGN CORPORATION  
TO TRANSACT BUSINESS IN FLORIDA  
OF  
INFUSION PARTNERS, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<u>OFFICER NAME</u>	<u>OFFICER TITLE</u>	<u>ADDRESS</u>
Robert Cucuel	Chief Executive Officer, President and Assistant Secretary	Two Tower Building One Fayette Street, Suite 150 Conshohocken, PA 19428
Mary Jane Graves	Chief Financial Officer, Vice President and Secretary	Two Tower Building One Fayette Street, Suite 150 Conshohocken, PA 19428
Gordon Woodward	Vice President and Assistant Secretary	111 Radio Circle Mt. Kisco, NY 10549
Chuck Brown	Divisional President	4623 Wesley Ave., Suite. H Cincinnati, OH 45212

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 entities; that said records show INFUSION PARTNERS, INC., an Ohio corporation, Charter No. 870412, having its principal location in Cincinnati, County of Hamilton, was incorporated on April 27, 1994 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 23rd day of August, A.D. 2007*

A handwritten signature in cursive script, reading "Jennifer Brunner".

Ohio Secretary of State

Validation Number: V2007235ABAE60