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Secretary of State of Indiana
155 State House
Indianapolis, Indiana 46204
317-232-6576

*Prentice Hall Corp Sec
One Gulf Western Plaza
New York NY 10023-5978*

INSTRUCTIONS:

Corporations Only

This certificate must first be recorded in the office of the County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State.

Fee for filing with the
Secretary of State:

\$20.00

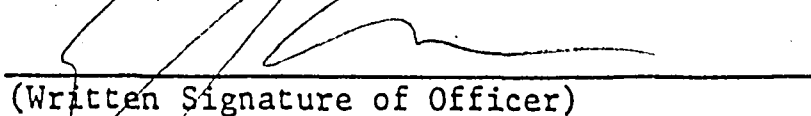
or

\$26.00 (if a certificate issued by the
Secretary of State is desired)

CERTIFICATE OF ASSUMED BUSINESS NAME

- Name of the Corporation T.L.C. Medicare Services, Inc.
- Date of Incorporation/Admission November 25, 1985
- Principal Office Address of the Corporation One Hollow Lane, Lake Success, New York
- Assumed Business Name Staff Builders Home Health Care
- Address at which the Corporation will do business under the assumed business name
c/o St. Anthony Medical Center Main and Franciscan Road, Crown Point, Indiana 46307

LILLIAN A. BLASTICK
REGISTRAR
STATE OF INDIANA
CROWN POINT, INDIANA 46307
APR 19 12 47 PM '88


(Written Signature of Officer)

President
(Title of Officer)

Ephraim Kosmhitzki
(Printed Name of Officer)

STATE OF New York)
COUNTY OF Nassau)

SS:

Subscribed and sworn or attested to before me, this 30th day of October, 1987.

KATHLEEN A. McENTYRE
Notary Public, State of New York
No. 31-4900396
Qualified in New York County
Commission Expires 7/13/89

Kathleen A. McEntyrese
Notary Public

My Notarial Commission Expires: 7/13/89

My County of Residence is: New York County, New York

I, _____, Recorder of _____ County,
State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed
Business Name recorded in my office on the _____ day of _____, 19 _____.

Recorder

400