



CERTIFICATE OF ASSUMED BUSINESS NAME
(All Entities)

State Form 30353 (R11 / 1-03)

State Board of Accounts Approved 2002

2005 000047

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JAN

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

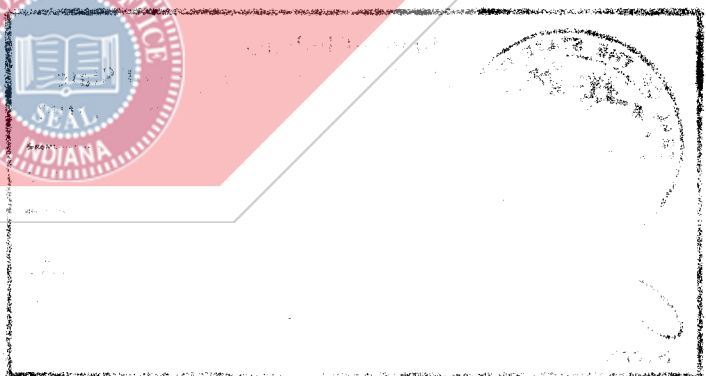
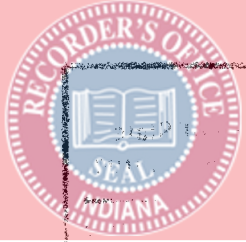
MICHAEL J. BROWN
RECORDER OF DEEDS

INSTRUCTIONS:
Use an 8 1/2" x 11" sheet of white paper for attachments.
Present original and one (1) copy to address in upper right corner of this form.
Please TYPE or PRINT
Please visit our office on the web at www.sos.in.gov

FILING FEES PER CERTIFICATE:
For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.00
Not-For-Profit Corporation \$26.00

1. Name of entity HOME HEALTH AGENCY - NORTHWEST INDIANA, INC.		2. Date of incorporation / admission / organization October 8, 2004
3. Address at which the entity will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 9105-A Indianapolis Boulevard, Suite 200		
City, state and ZIP code Highland, IN 46322		
4. Assumed business name(s) OMNI HOME CARE		
5. Principal office address of the entity (street address) 11780 West Sample Road, Suite 105		
City, state and ZIP code Coral Springs, Florida 33065		
6. Signature of officer or other authorized party 	7. Printed name and title W. Tracy Clark, Vice President	
This instrument was prepared by: Jan Zuza, Greenberg Traurig, P.A.		

RECEIVED DIV.
CORPORATIONS DIV.
04 DEC 28 AM 11:35



Central In Paralegal
-> 55 Monument Circle #1424
Indpls, IN 46204

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