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State of Indiana
Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME

of

RESPONSIVE HOME HEALTH CARE, INC.

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above Florida For-Profit Foreign Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

HOOK'S OXYGEN & MEDICAL EQUIPMENT

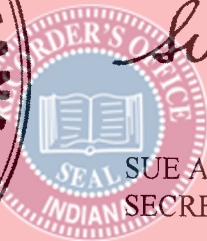
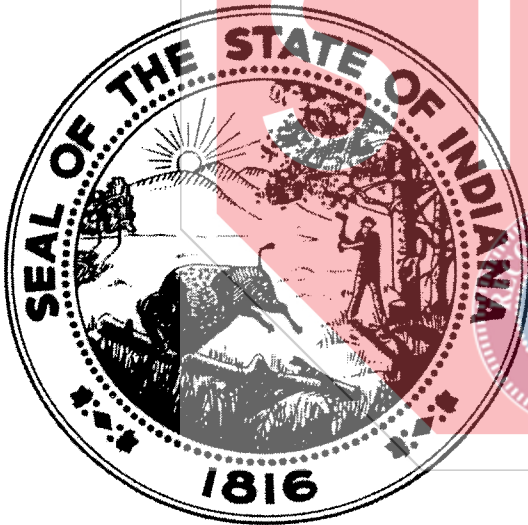
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the Lake County Recorder!

NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, December 04, 2002.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 4, 2002.



Sue Anne Gilroy

SUE ANNE GILROY,
SECRETARY OF STATE

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McKinley Search & File Ser. Corp 890 E. Santa Ra

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OFFICE OF INDIANA
LAKE COUNTY
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MICHAEL
RECORDER

1993100814

APPROVED
AND
FILED



**CERTIFICATE OF ASSUMED BUSINESS NAME, SECRETARY OF STATE
(All Corporations)**

State Form 30353 (R10 / 1-02)
State Board of Accounts Approved 2002

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone (317) 232-6576



Indiana Code 23-15-1-1, et seq

INSTRUCTIONS:

- 1. This certificate must also be recorded in the office of County Recorder of each county in which a place of business or office is located.
 - 2. FEES ARE PER CERTIFICATE. Please make check or money order payable to Indiana Secretary of State.
- Please TYPE or PRINT.

FILING FEES PER CERTIFICATE:

- For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.00
- Not-For-Profit Corporation \$26.00

1. Name of Corporation, LLC or LP Responsive Home Health Care, Inc.		2. Date of incorporation / admission / organization 10/18/1993	
3. Address at which the Corporation, LLC, LP will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 251 East Ohio Street, Suite 500 City, state and ZIP code Indianapolis, IN 46204			
4. Assumed business name(s) Hook's Oxygen & Medical Equipment			
5. Principal office address of the Corporation, LLC, LP (street address) 2600 Technology Drive, Suite 300 City, state and ZIP code Orlando, FL 32804			
6. Signature of officer or other authorized party 		7. Printed name and title Rebecca L. Myers, Secretary	
This instrument was prepared by: 			

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CORPORATIONS DIV.
02 DEC -4 AM 11:24
SUE ANNE GILROY

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