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LAKE COUNTY  
FILED FOR RECORD



**CERTIFICATE OF ASSUMED BUSINESS NAME**  
(All Entities)  
State Form 30353 (R11 / 1-03)  
State Board of Accounts Approved 2002

2006 MAR 22 AM 9:01

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

**INSTRUCTIONS:**

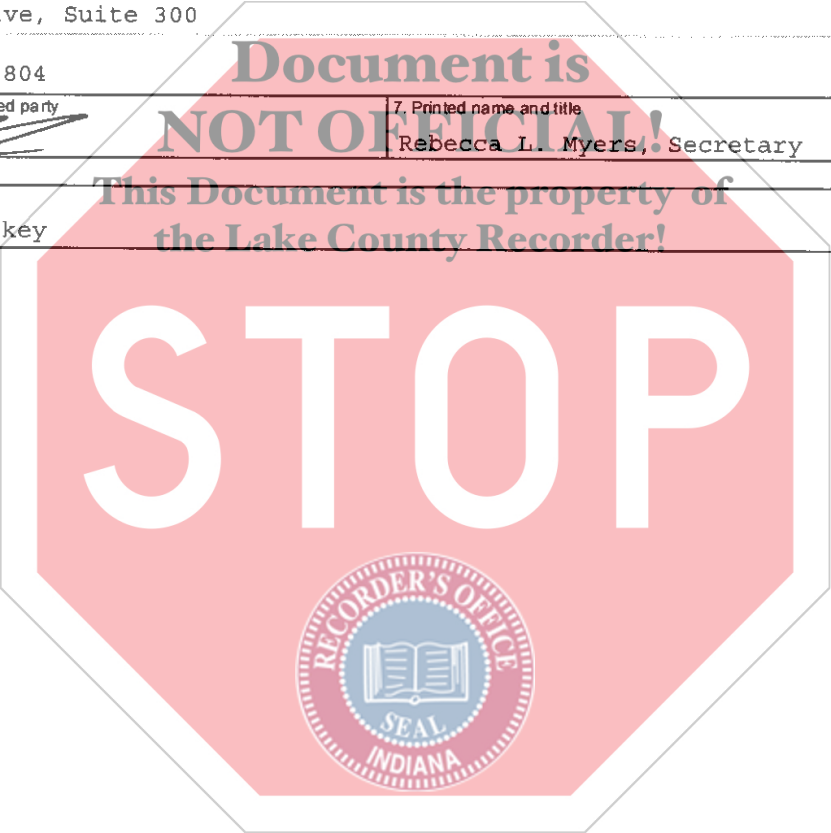
Use an 8 1/2" x 11" sheet of white paper for attachments.  
Present original and one (1) copy to address in upper right corner of this form.  
Please TYPE or PRINT.  
Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

**FILING FEES PER CERTIFICATE:**

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

1. Name of entity Response Home Health Care, Inc.	2. Date of incorporation / admission / organization October 18, 1993
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) 8858 Louisiana Street City, state and ZIP code Merrillville, IN 46410 (Lake County)	
4. Assumed business name(s) Hook's Oxygen & Medical Equipment	
5. Principal office address of the entity (street address) 2600 Technology Drive, Suite 300 City, state and ZIP code Orlando, Florida 32804	
6. Signature of officer or other authorized party 	7. Printed name and title Rebecca L. Myers, Secretary

This instrument was prepared by:  
Tiffany Fontaine Lackey



14<sup>th</sup>  
DG  
2200196

**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:

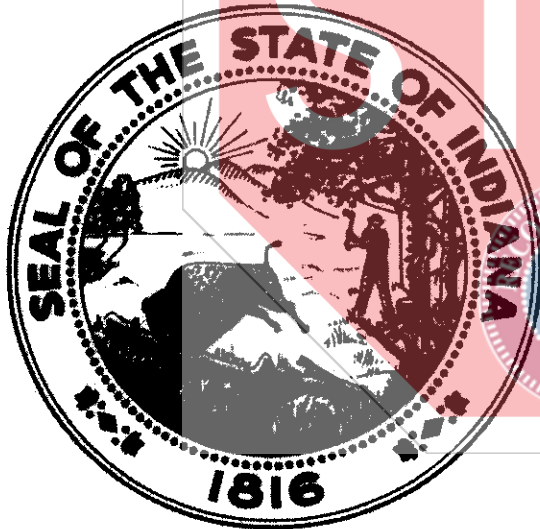
**HOOK'S OXYGEN & MEDICAL EQUIPMENT**

**Document is  
NOT OFFICIAL!**

**This Document is the property of  
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

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



*Tiffany Lackey*  
Signature of Declarant

*Tiffany Lackey*  
Printed Name of Declarant

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

