

EXHIBIT 1

APPLICATION

CITY OF HALLANDALE BEACH / HALLANDALE BEACH CRA
SBRP LOAN APPLICATION FORM

A. SBRP PROPERTY INFORMATION

1. Name of Business: America's Quality Care Services Business Owner's Name: Kimberly Russel
2. Owner's Date of Birth: 5-23-1969 Owner's Social Security No: 563-0949370
3. Business Address: 1001 N. Fed Hwy #340 Federal Identification Number: 020785467
4. Type and Nature of Business: Hallandale Bch. Fla 33009
HOME HEALTH AGENCY

5. State the true, exact, correct and complete name of the corporation, partnership or trade name under which you do business. If a corporation, state the name of the president and secretary. If a trade name, state the name of individuals who do business under the trade name.
Name: AMERICA'S QUALITY CARE SERVICES INC
Check all that apply: Business is a Sole Proprietorship Partnership Corporation
Non-profit None of Above (Specify)

The names, titles and business phone numbers of the corporate officers, or partners, or individuals doing business under a trade name, are as follows:

N/A

6. How many years has this business been operating? 4 YEARS
7. 10 months
8. Have you or your tenant ever been convicted of a felony/misdemeanor? If yes, please explain on a separate page. N/A
9. Have any arrests been made at this property as a result of illegal activity? If yes, please explain on a separate page. N/A
10. List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the business, its parent or subsidiaries or predecessor organizations during the past five years. Include in the description the disposition of each such petition: If none, so state. N/A

11. List all current claims, arbitrations, administrative hearings and lawsuits brought by or against the business: If none, so state. N/A
12. List and describe all criminal proceedings or hearings concerning business related offenses in which the business was a defendant. If none, so state. N/A
13. Has your property been cited for outstanding code violations? Yes No Don't Know
14. Approximate amount of loan you are applying for, if known: \$ 50,000.00

CITY OF HALLANDALE BEACH /HALLANDALE BEACH CRA
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<u>Lien holder</u>	<u>Origination Date</u>	<u>Balance</u>	<u>Monthly Payment Amt</u>
1st Lien _____	_____	_____	_____
2nd Lien _____	_____	_____	_____
3rd Lien _____	_____	_____	_____

16. Does the applicant/business owner have other sources of income in addition to income from this business?

Yes No _____ If Yes, indicate the source of the income: Personal - Dividends

BUSINESS OPERATIONS INFORMATION

1. List the name, position, responsibilities and home address of key business personnel and the length of time each has been working with the business.

<u>Name</u>	<u>Position</u>	<u>Home Address</u>
<u>Kimberly Russell</u>	<u>CEO (4 yrs)</u>	<u>2451 Riviera Dr. Miramar Fla</u>
<u>Name</u>	<u>Position</u>	<u>Home Address</u>
<u>Marilyn Moreau</u>	<u>Director of nursing (4 yrs)</u>	<u>840 NW 138th Mir FLA</u>

Attach a copy of Business and Personal IRS Tax Returns for the last two years. Include all schedules.
Attach a copy of recent bank statement for business.

C. BUSINESS DEBT INFORMATION

1. OUTSTANDING LOANS OR OTHER DEBTS: (Including Business Credit Cards) None

<u>Lender/Creditor</u>	<u>Account No.</u>	<u>Monthly Pymt</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. FURTHER COMMENTS REGARDING DEBTS, IF APPLICABLE: N/A

D. AGREEMENT

I (we), the owner(s) of the above described business understand that the intent of this application is only for purposes of pre-qualifying for a loan and does not guarantee acceptance or approval and no commitment is hereby made on the part of either the applicant, the City or the CRA.

I(we) certify that to the best of my(our) knowledge, all the information in this application and all information furnished in support of this application is true and correct. Any property assisted under this program will not be used for any illegal or restricted purpose.

Any intentionally false or fraudulent statement or supporting documents will constitute cancellation of my (our) application. The City of Hallandale Beach or Hallandale Beach Community Redevelopment Agency is hereby authorized to verify any of the above information and to inspect the property prior to approval. I(we) agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of Hallandale Beach.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: Federal law, U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

OWNER: Kimberly Russell DATE: 9-15-2010
(Printed name and Signature)

OWNER: K Russell DATE: 9-15-2010
(Printed Name and Signature)

E. ACKNOWLEDGEMENT

I (we) Kimberly Russell, acknowledge that I must execute a mortgage and promissory note for the amount ~~beyond~~ the granted amount.

I (we) Kimberly Russell, acknowledge that I must provide the Development Services/ CRA Department with a bi-annual performance review for (2) consecutive years after receiving funds

I (we) Kimberly Russell, acknowledge I understand that completing and submitting an application does not guarantee funding.

F. AUTHORIZATION FORM REQUIRED BY FEDERAL PRIVACY ACT

Under the Privacy Act of 1974, it will be necessary for the City of Hallandale Beach or Hallandale Beach CRA to supply the appropriate agencies you listed on your application with written approval from you to allow them to release information from their files to verify the information you provided on your application. Please sign the appropriate space below to authorize these verifications.

This authorizes the City of Hallandale Beach or the Hallandale Beach CRA to have free access to my business information and records, sources of other income, creditors and other verifications as may be required to process my application.

OWNER: K Russell DATE: 9-15-2010
(Signature)

OWNER: _____ DATE: _____

CITY OF HALLANDALE BEACH /HALLANDALE BEACH CRA
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1st Lien _____	_____	_____	_____
2nd Lien _____	_____	_____	_____
3rd Lien _____	_____	_____	_____

16. Does the applicant/business owner have other sources of income in addition to income from this business?

Yes No _____ If Yes, indicate the source of the income: PERSONAL - 1700000

BUSINESS OPERATIONS INFORMATION

1. List the name, position, responsibilities and home address of key business personnel and the length of time each has been working with the business.

<u>Name</u>	<u>Position</u>	<u>Home Address</u>
<u>Kimberly Flesch</u>	<u>CEO (44RS)</u>	<u>2421 LUTHERA DR. MIAMI FLA</u>
<u>Name</u>	<u>Position</u>	<u>Home Address</u>
<u>MARILYN MOREAN</u>	<u>Director of nursing (44RS)</u>	<u>840 NW 128th MIAMI FLA</u>

Attach a copy of Business and Personal IRS Tax Returns for the last two years. Include all schedules.
Attach a copy of recent bank statement for business.

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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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OWNER: Kimberly Russell
(Printed name and Signature)

DATE: 9-15-2010

OWNER: K Russell
(Printed Name and Signature)

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OWNER: K Russell
(Signature)

DATE: 9-15-2010

OWNER: _____
(Signature)

DATE: _____

America's Quality Care Services Inc.
1001 North Federal Highway, Suite 340
Hallandale Beach, Florida 33009-4846
Telephone: 954-456-4203
Fax Number: 954-456-4204
E-Mail Address: americasqcsi@msn.com
HHA-299992907

March 22, 2010

Letter Of Intent.

Attention to: Hallandale Beach Community Redevelopment Agency.

America's Quality Care Services Inc. is a Licensed State Of Florida Home Health Agency, located in the city of Hallandale Beach, Florida.

This organization's core value philosophy is to provide Quality and Affordable home care to our local Hallandale citizens and visitors. By recruiting and hiring trained personnel locally from the City of Hallandale Beach to care for the elderly in the privacy of their homes.

America's Quality Care Services Inc.

- Will Create 08-10 in office Clerical Positions, which will be direct hires, from the city of Hallandale Beach.
- New office equipment will be required, such as printers, computers, fax machines, office supplies.
- Office space will need to be expanded to a larger suite to accommodate these new employees.
- Our main focus is to create over 50 or more new jobs immediately, in the city of Hallandale Beach by providing Home Health Care jobs for the following disciplines:
 - Registered Nurses
 - Licensed Practical Nurses
 - Certified Nursing Assistants
 - Home Health Aides/Companion Aides.
 - Home Physical Therapy
 - Speech Therapy
 - Occupational Therapy
 - Medical Assistants
 - Medical Billing and Coding.
 - Medical Clerical Receptionist
- Work with our local Health Care Training Institutions, such as Sheridan Vocational Institute and Hallandale Beach High School whom already has health care training programs in place to train and certify: Licensed Practical Nurses, Nursing Assistants and Home Health Aides, Medical Assistants, Billing and Coding Specialist.

America's Quality Care Services Inc.

- America's Quality Care already has a working relationship with Work Force One: And just this past summer participated in the Summer Youth Program.
- America's Quality Care Services Inc. will provide local workshops to include interview training, resume writing and dress for success.
- Coordinate with local Hallandale Beach out reach programs: such as Weed and Seed, Eagles Wings, Women In Distress, The Pantry. Job Fairs and recruit and hire local applicants to help host job fairs.
- Host monthly employee educational meetings on topics ranging from: HIV, H1N1, Hand washing, Infection Control, how to care for the elderly in their home.
- Developing empowering programs to foster Home Health Aides and Nursing Assistants to continue their education by becoming Registered Nurses and certified Medical Disciplines.

BUSINESS PLAN

***STRATEGIC
PLAN
2009 - 2011***

America's Quality Care Services, Inc.

www.pnsystem.com

305.818.5940

MARKET ANALYSIS

Broward county has a big population and high portion of them over age 65. Local private health care institutions cover a significant sector of the Broward population, but a significant portion are covered by Medicare, Medicaid and government programs. We believe we have found a niche there for our company to provide needed quality service.

LEVEL OF COMPETITION

The level of competition at locally (Broward County) from small Home Health Agencies is strong; hundreds of small home care agencies are striving to find a place in the market. However we have studied the competitors operations and their efficiency; we have found that we can offer the better services, reduce the cost to run the agency and a compassionate care that can make a difference.

STRATEGY FOR MARKET ENTRY (after receive our license)

Our Agency will rely mainly on personalized effort to promote the services. Direct marketing is the way to reach the market, using Brochures, flyers or other paper like materials. Our targets are individuals without a proper insurance coverage who requires an affordable home care, and when we reach Medicare & Medicaid provider star service the beneficiaries for both program, directly or through contracts with HMO or other county programs like Medicaid Waiver, etc.

A list of potential patients will be elaborated based on direct experiences in the field by the owners and the Administrators. Our Agency will send brochures; will conduct visits; and will do telephone calls to target patients, and potential Referral sources. Since it is not the intention of our Agency, to expand the operation beyond 10-15 patients monthly averages, the goal would not be difficult to achieve.

GOAL	ACTION	Responsible	Comments
Staff Educational needs, training	Maintain full Educational calendar, and in Agency training program, that must include, amend others: Medical Device, Emergency Preparedness, Infection Control, Employee and Patient Safety Program, HIPAA-Privacy regulations, Alzheimer's Disease, Bloodborne, Biomedical waste	Educational Coordinator DON Completion Date: <u>8/31/09</u>	
PATIENT CARE			
Patient Care: Promotion patient independence and improved health through achievement of patient specific goals	Management and Coordination of care, continuity of staff, case conference, and ongoing supervision of patient care plan. Encourage the patient/caregiver participation in patient's care	DON Supervisors Field Staff Completion Date: <u>11-2009</u>	<i>ongoing</i>
There are guidelines for liaison between and among all staff involved in the care of the Patient.	There are method/form for exchanged information between health care professional (Confidentiality followed) Case Conference are held regularly	Director of Nursing Field Staff Completion Date: <u>9/11/09</u>	<i>ongoing</i>

GOAL	ACTION	Responsible	Comments
<p>Coordination of Care: Open communications with referral sources, patients/families, community and staff.</p>	<ol style="list-style-type: none"> 1. Design and distribute brochures that accurately reflect Agency policies and services. 2. Participate in local community affairs, Ex. Job Fairs, Health Fairs, Chamber of Commerce, etc. 3. Participate in Health Industry Organizations. 3. Become involved in legislative issues regarding health care. 4. Staff meetings 5. "Open door" policy for all staff, patients, families, caregivers. 	<p>Governing Body PAC All staf</p> <p>Completion Date: _____</p>	
ADMINISTRATION			
<p>Accountability: Achieve/maintain financial stability. Maintain Accountability/Payroll reports and data up to date.</p>	<p>Development/revision /review of agency budget using sound business practice to ensure financial resources at appropriate, appropriately disseminated, and monitored for efficiency and effectiveness</p>	<p>CFO, Accountant</p> <p>Completion Date: <u>12-31-2008</u></p>	<p><i>Next Proposal for Budget scheduled for 12/31/2009.</i></p>

GOAL	ACTION	Responsible	Comments
Expand services to include/maintain license and obtain/maintain Medicare/Medicaid certification	Apply/obtain certification as well as accreditation	Governing Board PAC All staff Completion Date: <u>12/31/2009</u>	<i>annual meeting</i> <i>Pending</i>
QUALITY ASSURANCE			
Monitor services provided, outcomes, patient and referral source satisfaction, documentation, and compliance.	<ol style="list-style-type: none"> 1. Appoint PAC, design program policies and procedures, establish annual goals. 2. Educate all staff re: QA/QI plan. 3. Collect, analyze data to improve performance, report findings to PAC and GB. 4. Review plan, outcomes, policies and procedures at least annually, revise/update as needed. 	GB PAC Administrator DON/designee Administrator DON/PAC Designated staff DON/PAC Designated staff Completion Date: <u>12/31/2009</u>	<i>annually</i> <i>Quarterly</i> <i>Quarterly</i> <i>monthly</i> <i>ongoing</i> <i>ongoing</i> <i>ongoing</i>

GOAL	ACTION	Responsible	Comments
<p>Maintain high standards for all Agency functions and activities.</p>	<p>Continued compliance with all Federal, State, Local, and accreditation standards, intrusting all staff regarding Agency compliance plan, monitoring compliance thru Compliance officer/committee and QI/QA activities.</p>	<p>Governing Body PAC All Staff</p> <p>Completion Date: <u>12/31/2009</u></p>	<p><i>ongoing</i> <i>ongoing</i></p>

STRATEGIC PLAN 2009-2011

Strength, Weakness, Opportunity, Threat (SWOT)

Strength and weakness analysis is an internal Agency exercise to gauge our ability to compete effectively. Opportunity and threat analysis is an external exercise centered on competitors and the external environment that affect a company's ability to compete effectively. Taken together, they are referred to as SWOT analysis. Each distribution channel alternative and sales force option carries specific costs that can be estimated in home health care industries and categories.

Small businesses like our Agency need to network with potential or current customers, industry associations, suppliers, and competitors to help answer these questions

Key questions are:

- What are the barriers (difficulties) to entering our home health services via each Broward community?
- How much do cost to successfully enter? Over what period of time is this money being spent?
- Should we expand our services from locally to regionally, statewide?
- Are some or all of the services we provide subject to varying regulations and rules? How do our services compare to competitor?
- What types of competitive spending, promotions, advertising will our business entry encounter by type of services?

SERVICES TO BE PROVIDED

The company plan is to offer the following services:

- a) Skill Nursing Services (RN and LPN)
- b) Therapy Services (PT, OT, ST)
- c) Home Health Aide Services (CNA, HHA)
- d) Social Worker (MSW)

Strengths:

- ability to respond quickly to clients demands and changes in orders, staff ready, all the owner of the company are **Registered Nurses**, that facilitate the primary attention to our potential clients.
- ability to comply with scheduled of visits, as physician orders
- high-quality of staff and experience, **all Board of Director members are Registered Nurses**
- ability for our staff being affable, honest, and easy to work with

- ability for good value of services and variety of discipline offers, we planning to cover all discipline that our license will authorize such as: Nurses, Therapists, Aides, and Social Workers.
- appeal to customers of working directly with the agency administrative staff
- The motivation, caring, and compassion of our staff
- Another strength of our services is **team-based services**, were we discussed all our services, strategies and weakness. These teams include or will include our nurses, office managers and staff, specialty nurses, as well as a highly skilled and dedicated array of other professionals—physical therapist, occupational , speach and social workers, to name a few. When necessary, we also will coordinate hospice and other care services for our patients, as well as dietary, local programs, and other support services. This complex, evidence-based, caring team approach is the strength of our Agency.

Weaknesses

- limited financial, resources, and marketing experience in our beginning steps
- high competitive market, with a lot of Home Health Agencies in Broward county.
- inability to marketing in some areas (other counties), due to License area limitations
- shortage of staff due to competitive market
- ability to reach top of the line technology
- Big and strong regulations and laws that we must follow, and a lot of resources needed to be in compliance.

Opportunities

- a growing market for new homes and more upscale homeowners moving to the area, fostered by a local economy (Broward is a big retirement area)
- Older population growing
- a chance to work with the university medical campus
- a chance to relocate our office to a co-op business office center, with shared secretaries, receptionist, conference rooms if needed
- the availability of hiring independent marketing personnel to work with Hospitals, Social Workers, Physician Offices

Threats

- a growing amount of advertising and same Home Health business in our local area
- new local regulations and state/federal legislation increasing the cost of new home health agencies
- increasing costs of operation (medical supplies, and general supplies , salary of staff)
- a possible shortage of skilled staff in the area
- a lot of competitors in the area specializing in home health services

America's Quality Care Services, Inc.
STRATEGIC PLAN 2009-2011

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Approved by: 
Administrator

Date: 1/9/09

America's Quality Care Services Inc.
2500 East Hallandale Beach Blvd, Suite 506
Hallandale Beach, Florida 33009-4846
Telephone: 954-456-4203
Fax Number: 954-456-4204
FAX: 954-212-3131
E-Mail Address: americasqcsi@msn.com
HHA-299992907

Agency Cost For Improvements.

1	Advertising	\$2000.00
2	Equipment Purchase:	\$10,000.00
	{Computers, Coping machines, Fax machines, Training Manuals, Employee Training},	
3	Legal Cost:	\$3000.00
4	Marketing:	\$3500.00
5	Staffing/Recruitment:	\$4000.00
6	Accounting:	\$4000.00
7	Medicare/Medicaid Licensure:	\$10000.00
8	Staff Training:	\$10000.00
9	Educational Materials:	\$5000.00
10	Healthy Workers Training:	\$10,000.00