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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Com	munity Therapy Home	Care, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
nclosed are an orio	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
noiosou mo un one	man and one (1) copy or are we		_	
\$70.00	\$78.75	\$78.75	\$ 87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
				
- 1	sive D. MacCollom			
FROM: _=	aine R. MacCollom	(Printed or typed)		
	, talle	(rinted or typody		
	7500 Bryan Diary Rd., S	uite B		
		Address	· · · · · · · · · · · · · · · · · · ·	
	Largo, FL 33777			
		, State & Zip	,	
	727-391-2021			
		Palankona number		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Community Therapy Home Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7500 Bryan Dairy Rd., Suite B Largo, FL 33777

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide home care to clients in Pinellas County.

ARTICLE IV SHARES

The number of shares of stock is:

One Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Peter S. Lally, 8410 144th Lane Seminole, FL 33776 President

Stuart W. MacCollom, 8140 Bayhaven Dr., Seminole, FL 33776 Vice President

Elaine R. MacCollom, 8140 Bayhaven Dr., Seminole, FL 33776 Treasurer

Eileen Lally, 8410 144th Lane, Seminole, FL 33776 Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Elaine R. MacCollom 8140 Bayhaven Dr. Seminole, FL 33776

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elaine R. MacCollom 8140 Bayhaven Dr. Seminole, FL 33776

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Claim A Ma Collan		1/23/02
Signature/Registered Agent	· ·	Date
Claim ama Calla		1/23/07
Signature/Incorporator		Date