

Transmittal Letter
P970000160242

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

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-02/17/97-01073--003
*****70.00 *****70.00

SUBJECT:

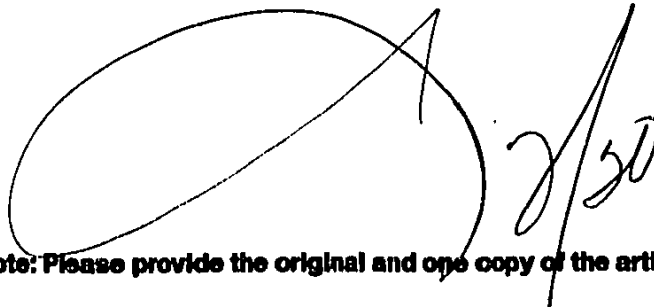
Omni/Care Group, Inc.

Enclosed is an original and one(1) copy of the articles of
Incorporation and our check for \$ 70.00

FILED
97 FEB 17 AM 11:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FROM:

S. Neil Ford, Jr.
19321 US 19 North, Suite 402
Clearwater, FL 34624



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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

Omni/Care Group, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

19321 U.S. 19 North Suite 402
Clearwater, FL 34624

ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

S. Neil Ford, Jr.
19321 US 19 North. Suite 402
Clearwater, FL
34624

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ARTICLE V: INCORPORATOR(S)

The name(s) and address(es) of the Incorporator(s) to these Articles of Incorporation is (are):

S. NEIL FORD Jr.
1586 GOLF BLVD. #2102
CLEARWATER, FLORIDA 34630

STUART N. FORD
98 MANAKIN RD.
MANAKIN, VA. 23103

The undersigned Incorporator(s) has (have) executed these Articles of Incorporation this 4th
day of February, 1997.

S. Neil Ford Jr.
Signature

Stuart N Ford
Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE
STATE OF FLORIDA.

1. The name of the corporation is:

Omni/CARE Group, Inc.

2. The name and address of the registered agent and office is:

S. Neil Ford Jr.
19321 U.S. 19 NORTH, SUITE 402
CLEARWATER, FLORIDA 34624

Having been named as registered agent and to accept service of process for the above
stated corporation at the place designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relating to the proper and complete performance
of my duties, and I am familiar with and accept the obligations of my position as registered
agent.

S. Neil Ford Jr.
(Signature)

2/4/97
(date)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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