

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GREENBERG TRAURIG - FORT LAUDERDALE
Account Number : 120040000196
Phone : (954) 765-0500
Fax Number : (954) 765-1477

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: erackow@seniorbridge.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 30 P 1:08

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FOREIGN PROFIT/NONPROFIT CORPORATION

SeniorBridge Care Management, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA***IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*1. SeniorBridge Care Management, Inc.(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3. 80-0581269

(FEI number, if applicable)

4. April 13, 2010

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)7. 845 Third Ave., 7th. Floor, New York, NY 10022

(Principal office address)

845 Third Ave., 7th. Floor, New York, NY 10022

(Current mailing address)

g. Any lawful act or activity for which corporations may be organized under the laws of NYS

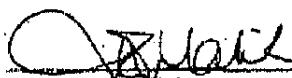
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida-registered agent: (P.O. Box NOT acceptable)Name: NRAI Services, Inc.Office Address: 2731 Executive Park Drive, Suite 4Weston, Florida 33331

(City)

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, 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 relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.*

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Eric C. Rackow

Address: 845 Third Ave., 7th. Floor

New York, NY 10022

Director: Lawrence I. Sosnow

Address: 845 Third Ave., 7th. Floor

New York, NY 10022

B. OFFICERS

President: Eric C. Rackow

Address: 845 Third Ave., 7th. Floor

New York, NY 10022

Vice President: _____

Address: _____

Secretary: Lawrence I. Sosnow

Address: 845 Third Ave., 7th. Floor, New York, NY 10022

Treasurer: Lawrence I. Sosnow

Address: 845 Third Ave., 7th. Floor, New York, NY 10022

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

(Signature of Director or Officer listed in number 12 of the application)

14. Eric C. Rackow, President

(Typed or printed name and capacity of person signing application)

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**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of SENIORBRIDGE CARE MANAGEMENT, INC. was filed on 04/13/2010, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 22nd day of July
two thousand and ten.*

A handwritten signature in black ink, appearing to read "Daniel Shapiro".

Daniel Shapiro
First Deputy Secretary of State

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TALLAHASSEE, FLORIDA

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