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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: PSL COMMUNITY CARE CENTER, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TERRENCE DIAZ

(Name of Person)

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PSL COMMUNITY CARE CENTER, INC.

(Firm/Company)

9452 SOUTH U.S. 1

(Address)

PORT ST. LUCIE, FL 34952

(City/State/Zip)

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DIVISION OF CORPORATIONS
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Should you need to call someone concerning this matter, please call:

TERRENCE DIAZ

(Name of Person)

at (561) 398-8000
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. PSL COMMUNITY CARE CENTER, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. 65-0677380
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 06/28/96 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 06/03/96
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 9452 SOUTH U.S. 1

PORT ST. LUCIE, FL 34952

(Current mailing address)

8. To engage in any lawful act or activity for which corporation may be organized under the Delaware General Corporation Law
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

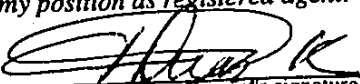
Name: TERRENCE DIAZ

Office Address: 12062 NW 11th STREET

PEMBROKE PINES, Florida, 33026
(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 addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: SHAHRIAR EKBATANI

Address: 9452 SOUTH U.S. 1

PORT ST. LUCIE, FL 34952

Director: TERRENCE DIAZ

Address: 12062 NW 11th STREET

PEMBROKE PINES, FL 33026

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: SHAHRIAR EKBATANI

Address: 9452 SOUTH U.S. 1

PORT ST. LUCIE, FL 34952

Vice President: TERRENCE DIAZ

Address: 12062 NW 11th STREET

PEMBROKE PINES, FL 33026

Secretary: TERRENCE DIAZ

Address: 12062 NW 11th STREET


PEMBROKE PINES, FL 33026

Treasurer: SHAHRIAR EKBATANI

Address: 9452 SOUTH U.S. 1

PORT ST. LUCIE, FL 34952

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TERRENCE DIAZ, SECRETARY
(Typed or printed name and capacity of person signing application)

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State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSL COMMUNITY CARE CENTER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 1996.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 8042092
DATE: 07-25-96