

TRANSMITTER LETTER  
**F96000005898**

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: ADEPT ELDERLY CARE CO.  
(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:

Susan J. Wainwright  
(Name of Person)

HARVARD BUSINESS SERVICES  
(Firm/Company)

210 Savannah Ad.  
(Address)

B Lewes, DE 19958  
(City/State/Zip)

W96-23456  
900001995859--5  
-11/05/96--01082--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

900001995859--5  
-11/05/96--01082--004  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Susan J. Wainwright at 302 3645-7400  
(Name of Person) (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



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

November 5, 1996

**SUSAN J WAINWRIGHT**  
**HARVARD BUSINESS SERVICES**  
**210 SAVANNAH RD**  
**LEWES, DE 19958**

**SUBJECT: ADEPT ELDERLY CARE CO.**  
**Ref. Number: W96000023456**

We have received your document for ADEPT ELDERLY CARE CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

**Doug Dickinson**  
Document Specialist

**Letter Number: 096A00050778**

**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. ADEPT & ELDERLY CARE CO.  
(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  
(State or country under the law of which it is incorporated)
3. 65-0693743  
(FBI number, if applicable)
4. September 4, 1996  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. October 7, 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.1503, F.S.))
7. 4281 Taylor Dairy Rd.  
Ft. Pierce, FL 34946  
(Current mailing address)
8. elderly Care  
(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: Sallyann Farrar  
Office Address: 4281 Taylor Dairy Rd.  
Ft. Pierce, Florida, 34946  
(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.*

Sallyann Farrar, Admin  
(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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TALLAHASSEE, FLORIDA

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: Sally Farrar

Address: 4281 Taylor Dairy Rd.  
FL. Pierce, FL 34946

Vice Chairman: Carol Kellgren

Address: 4281 Taylor Dairy Rd.  
FL. Pierce, FL 34946

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: Sally Farrar

Address: 4281 Taylor Dairy Rd.  
FL. Pierce, FL 34946

Vice President: Carol Kellgren

Address: 4281 Taylor Dairy Rd.  
FL. Pierce, FL 34946

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Sallyann Farrar Admin/Pres.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sallyann Farrar, Administrator/Pres.  
(Typed or printed name and capacity of person signing application)

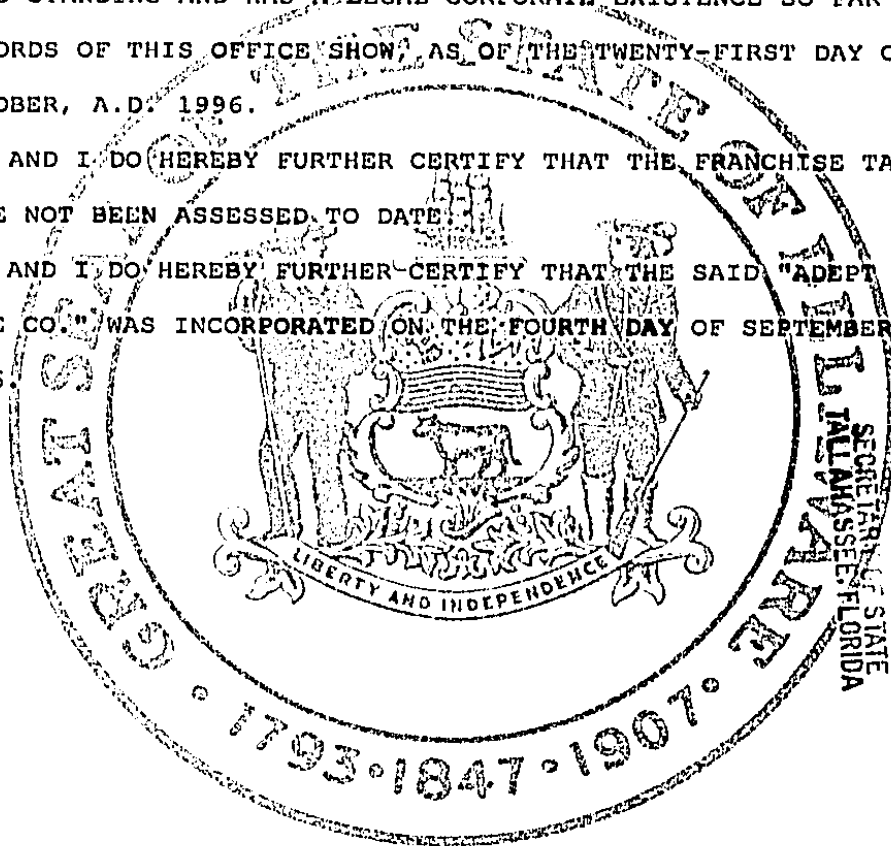
State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADEPT ELDERLY CARE CO." 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-FIRST DAY OF OCTOBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADEPT ELDERLY CARE CO." WAS INCORPORATED ON THE FOURTH DAY OF SEPTEMBER, A.D. 1996.



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*Edward J. Freel*  
Edward J. Freel, Secretary of State

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AUTHENTICATION: 8154084  
DATE: 10-21-96