F96000006693

TODD A. STERZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)
425-5625

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***2082.50 ****122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

12/20

1. Community Care of Georgia Inc
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

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96 DEC 20 PM 1:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

XX Walk in XX Pick up time 1:00 (X) Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
(X)	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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DIVISION OF CORPORATION

Examiner's Initials	

CR2E031(10/92)

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. Community Care of Georgia, 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 (State or country under the law of which it is incorporated) 3. 65-0655882 (FEI number, if applicable)

4. 4/24/96 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. 4/29/96 (Date first transacted business in Florida. *(See sections 607.1501, 607.1502 and 617.155, F.S.)*

7. 3050 North Horseshoe Drive, Suite 260
Naples FL 33942
(Current mailing address)

8. Healthcare Business
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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TALLAHASSEE, FLORIDA

9. **Name and street address of Florida registered agent:**

Name: CT Corporation System

Office Address: 1200 S. Pine Island Road

Plantation, Florida, 33324 (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.

Connie Bryan
(Registered agent's signature)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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.

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

A. **DIRECTORS**

Director: Gary W Singleton
Address: 3050 N Horseshoe Drive, Suite 260
Naples, FL 33942

Director: William J Krystopowicz
Address: 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942

Director: David H. Faler
Address: 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942

Director:
Address:

B. **OFFICERS**

President: Gary W Singleton
Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942

Vice President: David H. Faler
Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942

Secretary: William J. Krystopowicz
Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942

Treasurer: Timothy Trybus
Address: 3050 N Horseshoe Drive, Suite 260
Naples, FL 33942

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

13. Tim J Try V.P. Treasurer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

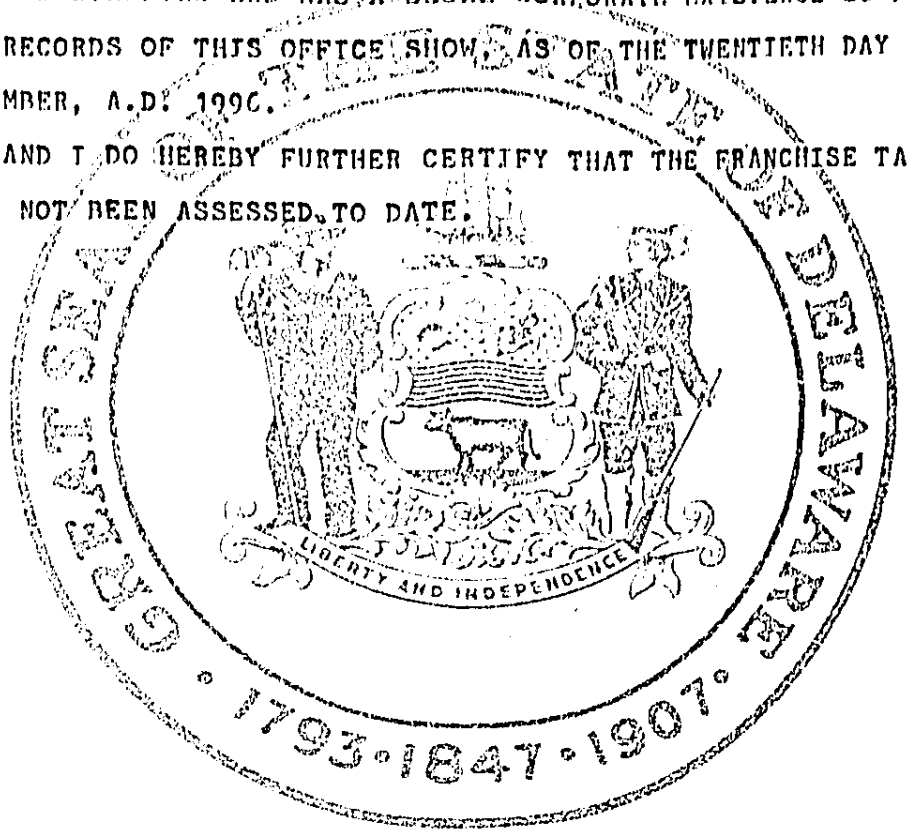
14. TIMOTHY J. TRYBUS
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMUNITY CARE OF GEORGIA, 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 TWENTIETH DAY OF DECEMBER, A.D. 1996.

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



Edward J. Freel, Secretary of State

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AUTHENTICATION: 8253685

DATE: 12-20-96