F96000006863

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

OFFICE USE ONLY

300002035293--3
-12/20/96--01053--016
***2082.50 ****122.50

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

1. Community Care of America at Alabama, Inc
(Corporation Name) (Document #)
2. T00002046917--0
-01/06/97--01045--014
***2270.00 ****200.00
(Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

XX Walk in XX Pick up time 4:30 Certified Copy

Mail out Will wait Photocopy Certificate of Status

12/30

P.468

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	
6	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
96 DEC 20 PM 2:24 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
96 DEC 20 PM 1:05
DIVISION OF CORPORATION

Examiner's Initials

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
96 DEC 30 AM 11:03
DIVISION OF CORPORATION

December 20, 1996

Backdate

HOLLAND & KNIGHT

SUBJECT: COMMUNITY CARE OF AMERICA OF ALABAMA, INC.
Ref. Number: W96000026770

We have received your document for COMMUNITY CARE OF AMERICA OF ALABAMA, INC. and your check(s) totaling $122.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of $1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the $1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

See attached original certificate

The total amount due this office through December 31, 1996 to cover the back annual report(s) is $200.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 096A00056838

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 America of Alabama, 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. 63-0683871 (FEI number, if applicable)

4. 1/18/95 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. 1/18/95 (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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95 DEC 20 PM 2:21
SECRETARY OF STATE
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. Fater
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. Fater
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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TALLAHASSEE, FLORIDA

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

13. _____ 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)

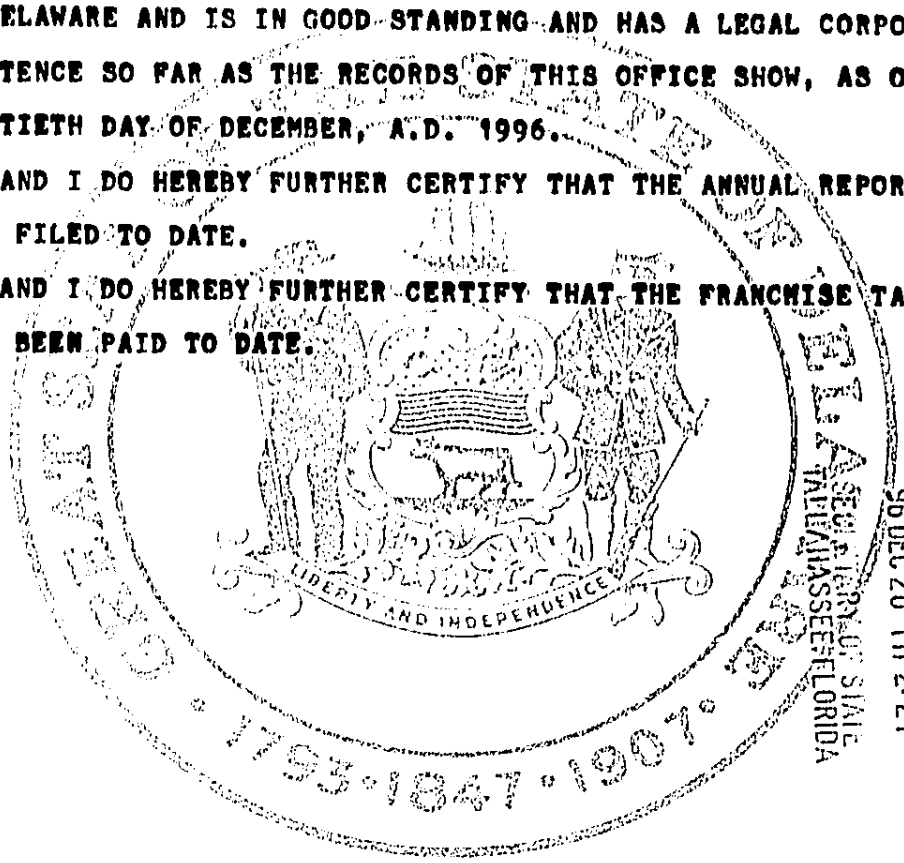
State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMUNITY CARE OF AMERICA OF ALABAMA, 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 ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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96 DEC 20 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Edward J. Freel, Secretary of State

2472316 8300

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AUTHENTICATION: 8254603

DATE: 12-20-96