97000004145 THE UNITED STATES CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 866954 4804661

AUTHORIZATION

ORDER DATE: June 23, 1998

ORDER TIME : 11:37 AM

ORDER NO. : 866954-035

CUSTOMER NO: 4804661

CUSTOMER: Rita Slager, Legal Assistant

Schwartz & Freeman

Suite 1900

401 North Michigan Avenue 400002573754--1 Chicago, IL 60611-4206

FOREIGN FILINGS

NAME: ASTON CARE SYSTEMS, INC.

XX PROFIT ____NON-PROFIT

_ CORPORATE

LIMITED PARTNERS

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

_ PLAIN STAMPED COPY

__CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 29, 1998

CSC STACY TALLAHASSEE, FL

SUBJECT: ASTON CARE SYSTEMS, INC.

Ref. Number: F97000004145



We have received your document for ASTON CARE SYSTEMS, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

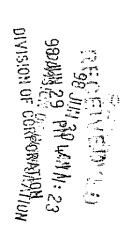
The date in number four of the document must match the date of filing shown on the certificate from Delaware.

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 (850) 487-6957.

Joy Moon-French Corporate Specialist

Letter Number: 098A00035319



PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT

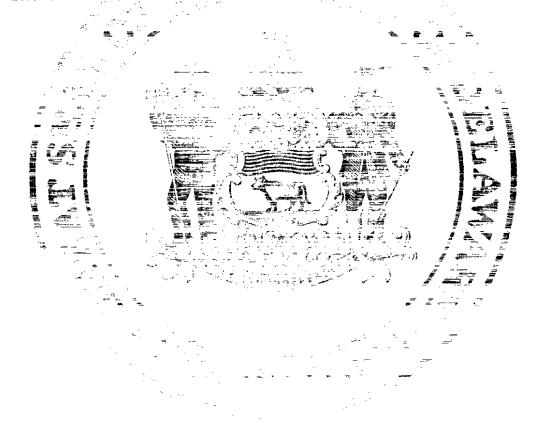
	nt to s. 607.1504,		98 JUN SECRET	
1. ASTON CARE SYSTEMS, INC. Name of corporation as it appears on the	SECTION I must be completed		ARY OF STATE ASSEE, FLORIDA	
2. Delaware Incorporated under the laws of	3. August 6 Date a	, 1997 authorized to do busine	ss in Florida	
(4-7 complet	SECTION II	ole changes)		. . .
4. If the amendment changes the name of under the laws of its jurisdiction of income.	of the corporation?	on, when was the cl	nange effected	_
5. ASTON GARDENS AT SUN CITY CENTER Name of corporation after the amendment, a appropriate abbreviation, if not contained in	dding suffix "cor	poration", "company"	or "incorporated," or	<u> </u>
6. If the amendment changes the period of	of duration, indi	cate new period of	duration.	
New Duration 7. If the amendment changes the jurisdict	tion of incorpor	ation, indicate new	jurisdiction.	
N/A . New Jurisdiction			**	·
Signature	-	June 25 , 199	8 ate	
Richard Hutchinson Typed or printed name	· ·	Treasurer T	itle	
typod or printed tiens				

State of Delaware

FAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ASTON CARE SYSTEMS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ASTON GARDENS AT SUN_CITY CERTER NORTH, INC.", THE TWENTY-FIFTH DAY OF JUNE; A.D. 1978, AT 9 O'CLOCK ATM:





2700723

8320

Edward J. Freel, Secretary of State

AUTHENTICATION:

9162139

DATE:

981247288

06-25-98