



F98000003743

ACCOUNT NO. : 072100000032

REFERENCE : 866954 4804661

AUTHORIZATION : *Patricia P. [Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : June 23, 1998

ORDER TIME : 11:42 AM

ORDER NO. : 866954-045

CUSTOMER NO: 4804661

CUSTOMER: Rita Slager, Legal Assistant
Schwartz & Freeman
Suite 1900
401 North Michigan Avenue
Chicago, IL 60611-4206

300002573753--4

FOREIGN FILINGS

NAME: ASTON CARE SYSTEMS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

9/6/30
98 JUN 26 PM 3:49
FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

98 JUN 26 PM 1:25
RECEIVED
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 26, 1998

CSC
ATTN: STACY L. EARNEST

SUBJECT: ASTON CARE SYSTEM, INC.
Ref. Number: W98000014745

RESUBMIT
Please give original
submission date as

RECEIVED
98 JUN 29 AM 9:55
DIVISION OF CORPORATION

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

This corporation has already been filed; please see the attached printout.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 698A00035165

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DIVISION OF CORPORATIONS
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* THERE IS AMENDMENT
CHANGING NAME SO THIS CAN
BE FILED - AMENDMENT WAS
SENT OVER AT SAME TIME -

HARRY DAVIS
521-1000

**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. ASTON CARE SYSTEMS, 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. Applied for

(FEI number, if applicable)

4. 6/25/98

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing of this application.

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. _____

2020 Clubhouse Drive, P.O. Box 5698, Sun City Center, Florida 33571

(Current mailing address)

8. To participate in the real estate industry.

(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: Richard Hutchinson

Office Address: 2020 Clubhouse Drive, P.O. Box 5698

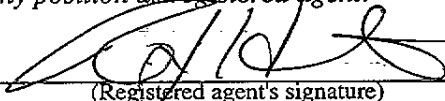
Sun City Center

, Florida, 33571

(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)

Richard Hutchinson

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: Alfred Hoffman, Jr.

Address: 2020 Clubhouse Drive

Sun City Center, Florida 33571

Director: Don E. Ackerman

Address: 2020 Clubhouse Drive

Sun City Center, Florida 33571

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

President: Scott Smith & PRESIDENT/CFO

Address: 2020 Clubhouse Drive

Sun City Center, Florida 33571

Vice President: Jim Bloomquist

Address: 2020 Clubhouse Drive

Sun City Center, Florida 33571

Secretary: Richard Hutchinson & TREASURER

Address: 2020 Clubhouse Drive

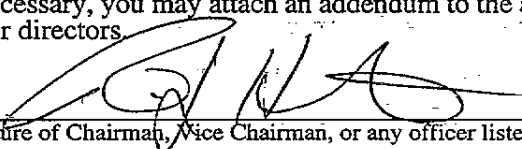
Sun City Center, Florida 33571

XXXXXXXXX Treasurer: Jackie Bobbitt & VICE PRESIDENT/ASST. SECRETARY

Address: 2020 Clubhouse Drive

Sun City Center, Florida 33571

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)

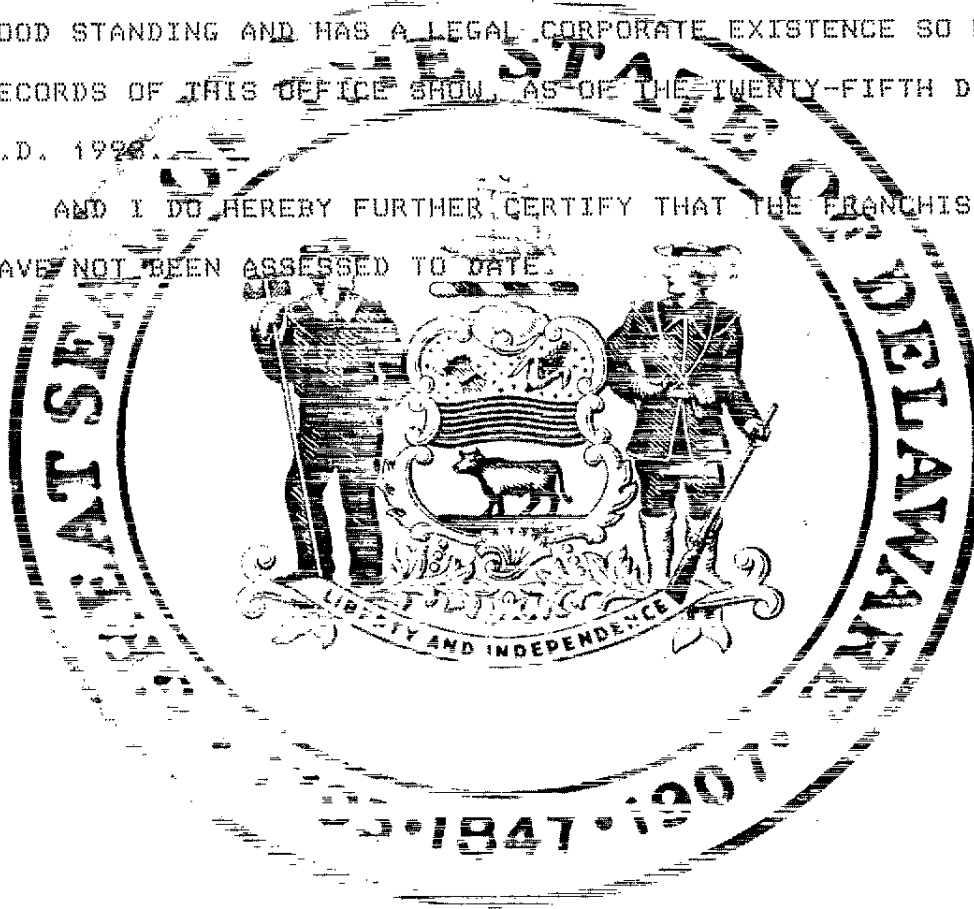
14. Richard Hutchinson, Treasurer
(Typed or printed name and capacity of person signing application)

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASTON CARE SYSTEMS, 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 JUNE, A.D. 1998.

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
98 JUN 26 PM 3:49



Edward J. Freel

Edward J. Freel, Secretary of State

2913388 8300

981247695

AUTHENTICATION:

9162766

DATE:

06-25-98