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SUBJEC'	T:	STAN (Nam	DARD	OF	CAKE	, IN	ح_			
		(Nam	e of corpora	tion - mu	st include s	uffix)				
Dear Sir	or Madam:									
"Certifica	osed "Application ate of Existence", ousiness in Florida	and check are)
Please ret	turn all correspond	dence concern	ing this mat	ter to the	following:		_	-		
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		1 44	Name	of Person	n)			Z 61	99	
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			(City/S	State/Zip)					
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Should ye	ou need to call sor	meone concer	ning this ma	tter, plea	se call:)(/33 **70.8	:0 ** () **	***70.00
T	ucker G (Name of Person)	reene	at (1/	454-	2934	,			
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STREET	ADDRESS:			MAI	LING ADI	DRESS:	=	r M	- - U	10h
Registrati	ion Section			Regis	stration Sect	ion	W	((l	
_	of Corporations			_	sion of Corp		_			-
409 E. Ga	aines St.			P.O.	Box 6327		-/	4		
Tallahass	ee, FL 32399			Talla	hassee, FL	32314	41	/		
Enclosed	is a check for the	following am	ount:				J_ C			.
\$70.00	Filing Fee	\$78.75 Filin	g Fee &	□ \$78.7	75 Filing Fe	e& □	\$87.50	Filing	Fee.	

Certified Copy

Certificate of Status &

Certified Copy

Certificate of Status



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 29, 1999

TUCKER GREENE STANDARD OF CARE, INC 15941 CATALPA COVE DR FT MYERS, FL 33908

SUBJECT: STANDARD OF CARE, INC

Ref. Number: W99000021099

We have received your document for STANDARD OF CARE, INC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A photocopy of the certificate of existence is not acceptable.

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 799A00047533

FILED

99 OCT IN PM 3: 32

SECRETARY OF STAIL
AND SEPTEMBER

SECRETARY OF STAIL

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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.	STANDARD OF CARE, INC. [Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
	(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.	NEVADA (State or country under the law of which it is incorporated) 3. 23-2892346 (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	UPON QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
7.	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) a. 1594/ Cata/pa Cove Dr. For F Myers, P2 339 (Principal office address)
	b. 15941 Catalpa Cove Dr. Fort Myers, FL 33908 (Current mailing address)
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Tucker Greene
Of	fice Address: 15941 Catalpa Cove DV
	Name: Sucker Greene Firt Myers, PL, Florida 33908 (Zip code) Name: Street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
10	. Registered agent's acceptance:
in co	wing been named as registered agent and to accept service of process for the above stated corporation at the place designated this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to apply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
an	d accept the obligations of my position as registered agent.
	(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.

12. Names and b	ousiness addresses of officers and/or directors:				
A. DIRECTOR		-		-	
Chairman:	WAYNE SATE,	_			
Address:	1000 0-11 1 1				
	MAPLE GLEN, PA 1900Z	# .s 			
					
Vice Chairman:	15941 Catalog Cover Dr.	=			
Address:	15941 Catalpa Cove Dr. Fort Myers, FL 33908				
	1617 Myers, PL 33100				
Director:	•			 	
Address:					<u> </u>
Director:					
Address:		<u>-</u>			
B. OFFICERS	S	_			
President:	WAYNE SATE	_	70° 4	2	·
	1058 #Bell LN	_			
	MARLE GLEN, RA 18002	- - - 	SS.	= =	
	Tucker Greene	`- . ;	m=	P [11	
	- 1 /	= = = = = =	former and	ù	
Address:			27	<u>.</u>	
	Fort Myers, FL 33908				
Secretary:		<u> </u>			
Address:		· <u> </u>			
Treasurer:		_			
		· -			
11441030.				•	
NOTE: If nece	essary, you may attach an addendum to the application listing additional officers a	nd/or di	rectors.		· ႃ
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	e applica	ation)		
1.4	Tuckon Greans	- appno	<i>-</i>		
14.	(Typed or printed name and capacity of person signing application)				



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **STANDARD OF CARE**, **INC**., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 27, 1997, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on August 31, 1999.

Secretary of State

By aban & buil

Certification Clerk