F99000006255

•		TRANSMIT	TAL LETTER		<u> </u>
		x Lien Section			99
)Di	vision of Corp	porations			923
SUBJECT	;C	are for Me, Inc.			- C 2-15
		(Name of corpor	ration - must include suffix)	_	70 mg 25 mg
Dear Sir o	Madam:	*			72 95
"Certificate	sed "Applicati e of Existence business in Fl	e", and check are submitted	e for Authorization to Transact Bu to register the above referenced f	isiness in Florida", oreign corporation	99 OCT 2) PM 2: 38
Please retu	ın all corresp	ondence concerning this m	atter to the following:		
		Gary C.			
			e of Person)	<u> </u>	• • -
		V	······································		
		(Firm	/Company)		
	2601 South Bayshore Drive, Suite 1146				
		•	Address)		
			ni, FL 33133		- · ·
		(City	//State/Zip)	0000302 -10/21/99	14789
				-1U/21/55- 4*****07 5	-01035004 0 *****87.50
Should you	need to call	someone concerning this m	natter, please call:	anderday 1 in C	n
Carr	C. Matzner		750 4660		
	Vame of Perso	20 (5) 250-4660 rea Code & Daytime Telephone N	umber	. –
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STREET A	ADDRESS:		MAILING ADDRESS:	(\leq)	
Oualificatio	on/Tax Lien Se	ection	Qualification/Tax Lien Section	$_{n}$ \setminus \cup \cap	
Division of	Corporations		Division of Corporations		
409 E. Gair	nes St. :, FL 32399		P.O. Box 6327 Tallahassee, FL 32314		
			(4)14)140C, 11. JEJ14		
Enclosed in	s a check for t	he following amount:			
5 \$70.00	Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Certified Copy	\$87.50 Filing Fee, Certificate of Status &	
			A	Certified Copy	
			W99-2478		
			1109-17	ı	
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 27, 1999

GARY C. MATZNER 2601 SOUTH BAYSHORE DRIVE **SUITE 1146** MAIMI, FL 33133

SUBJECT: CARE FOR ME, INC. Ref. Number: W99000024789

E, INC. and your check(s) 305-388not been filed and is being We have received your document for CARE FOR ME, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 599A00051675

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.

. (are for	Me, Inc.							
(Nai	me of corpo	oration; must include in orations of like im	ude the word "INCO port in language as st so contained in the	will clearly in	idicate tha	PANY".	, "CORPORATI corporation inste	ON" or ad of a	
2. [Delaware	9			3.	65-0	0949431		
			of which it is incorp	orated)		(F	El number, if a	pplicable)	
					Perpeti	ual			
·	(Da	te of incorporation	on)	(Dura	tion: Ye	r corp.	will cease to ex	ist or "perpet	ual")
6.	Upon G	ualification							
	(Date firs	t transacted busin	ess in Florids.) (S	EE SECTION	NS 607.15	01, 607	.1502 and 817.1	(55, F.S.)	
7	2601 9	South Baysho	ore Drive, Suit	e 1146, N	Miami,	FL 3:	3133		
			(Current m	ailing addres	ss)	<u> </u>			
8			ance Company		·			=	
	-	•	n authorized in hon						
9. Na	me and st	reet address of	f Florida register	ed agent: ((P.O. Bo	x or Ma	ail Drop Box <u>I</u>	VOT accepts	ible)
	Name:	Corporation	n Service Com	pany					
Office	Address:	1201 науз	Street					. , .	
		Tallahasse	•	<u> </u>	- Fle	orida	32301		
						(Zi	ip code)		
10. R	egistered	agent's accept	ance:						
this ap with th the obl 11. At Depart	plication, I e provision igations of	hereby accept the sof all statutes r my position as re Corpx By: (certificate of existic, by the Secreti	(Registe	registered agent rand complete see Compan ered agent's seed agent's se	nt and age the perform MAA ignature)	days p	Lynette (as its	y. I jurther of I am familia Coleman agent of this applics	igree to compty or with and accept
12. N	unes and a	ddresses of office	ers and/or directors:	(Street addr	css ONL	Y - P.O.	. Box NOT acc	eptable)	

(See Subsequent Page)

A.	DIRECTORS	(Street address	only - P.O.	Box NOT	acceptable)
----	-----------	-----------------	-------------	---------	-------------

Director - Robert B. Mondshine, M.D., 134 Bal Bay Drive, Bal Harbor, FL 33154

Director - Gary C. Matzner, 2601 South Bayshore Drive, Suite 1146, Miami, FL 33133

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

President - Robert B. Mondshine, M.D., 134 Bal Bay Drive, Bal Harbor, FL 33154

Vice President - Gary C. Matzner, 2601 South Bayshore Drive, Suite 1146, Miami, FL 33133

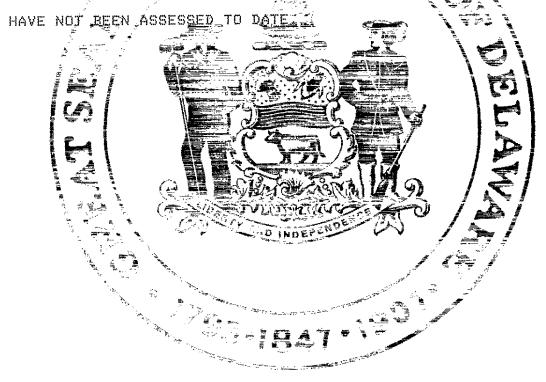
Secretary/Treasurer - Gary C. Matzner, 2601 South Bayshore Drive, Suite 1146, Miami, FL 33133

NO'	TE: 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)	tien
14.	Gary C. Matzner, Vice President (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 "CARE FOR ME, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORFORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 1999

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES





Edward J. Freel, Secretary of State

AUTHENTICATION:

9990511

DATE:

09-24-99

3077385 8300

991402702