

ORIGINAL

N95000002191  
TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: ADULT LIVING CARE OF FLORIDA, INC  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for \$ 10.00.

111111114 2001781  
-115/012/15--111011--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FROM:

ADULT LIVING CARE OF FLORIDA, INC.  
Name (printed or typed)

P.O. Box 232  
Address

St Petersburg, FL 33731  
City, State, & Zip

813 822.7979  
Telephone Number

Peter Privitera GAVE  
AUTHORIZATION BY PHONE TO  
CORP. CT. Same principle

DATE 5/8/95

DOC. EXAM. BSB

FILED  
95 MAY -8 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

officers of N93-398  
MAY 8 1995 BSB

Note: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FOR

ADULT LIVING CARE OF FLORIDA, INC.

FILED  
95 MAY -8 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

ADULT LIVING CARE OF FLORIDA, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

P.O. Box 232  
St Petersburg FL 33731

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

PROVIDE HEALTH CARE SERVICES TO  
ELDERLY ADULTS IN NEED OF ASSISTANCE.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

BY MAJORITY VOTE OF BOARD OF THREE  
MEMBERS.

## ARTICLE V. LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

## ARTICLE VI. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

PETER J. PRIVITERA C.P.A.  
447 3rd Ave NORTH SUITE 203  
St. Petersburg FL 33701

## ARTICLE VII. INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

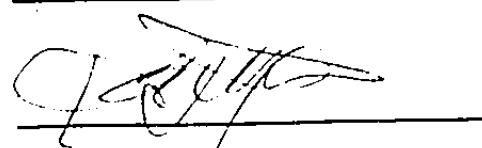
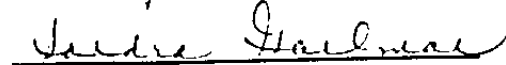
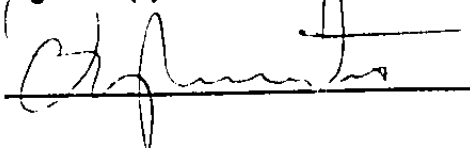
DANIEL S. ALLEN  
447 3rd Ave NO. SUITE 203  
St. Petersburg FL 33701

SANDRA J. GALLMAN  
447 3rd Ave NO.  
SUITE 203  
ST PETERSBURG FL  
33701

PETER J. PRIVITERA  
447 3rd Ave NO SUITE 203  
ST PETERSBURG FL 33701

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
17 day of MARCH, 1995.

Signature(s) of the Incorporator(s)



PETER J. PRIVITERA

Typed name of incorporator signing

SANDRA J. GALLMAN

Typed name of incorporator signing

DANIEL S. ALLEN

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: ADULT LIVING CARE OF FLORIDA, INC.

2. The name and address of the registered agent and office is:

PETER J. PRIVITERA  
(NAME)

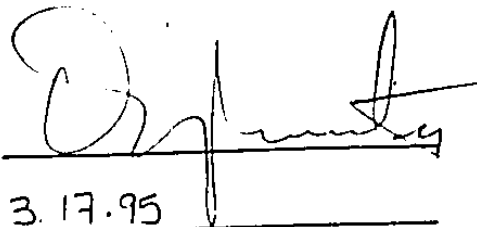
447 3rd Ave No.  
(P.O. BOX NOT ACCEPTABLE)

St. Petersburg, FL 33701  
(CITY/STATE/ZIP)

FILED  
MAY -8 AM 11:31  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

3.17.95