

N 9600000 406 2

TRANSMITTAL LETTER

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SUBJECT: Personal Best Case Management Services, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: David A. Roosa  
Name (Printed or typed)

2100 NE 9th St.  
Address

Fort Lauderdale, FL 33305  
City, State & Zip

954-566-0007  
Daytime Telephone number

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

39  
\$15

## ARTICLES OF INCORPORATION

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

### ARTICLE I

#### Name

The name of the corporation shall be

Personal Best Case Management Services, Inc.

### ARTICLE II

#### Principal place of business and mailing address

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

2100 NE 22nd Street, Fort Lauderdale, FL 33305

### ARTICLE III

#### Purpose(s)

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

- 1.) To provide case management services for the developmentally disabled.
- 2.) To provide case management services for the elderly.
- 3.) To provide case management services for dually diagnosed individuals.

### ARTICLE IV

#### Manner of election of directors

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

The directors will be elected by a majority vote of the existing board.

## ARTICLE V

### Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617 0302, Florida Statutes, unless limited are as follows

## ARTICLE VI

### Initial registered agent and street address

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

David A. Roosa: 2100 NE 22nd Street, Fort lauderdale, FL 33305

## ARTICLE VII

### Incorporators

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

David A. Roosa: 2100 NE 22nd Street, Fort Lauderdale, FL 33305

David E. Ratcliffe: 2100 NE 22nd Street, Fort Lauderdale, FL 33305

Elizabeth McGough: 273 Fielding, Ferndale, Michigan 48220

The undersigned incorporator has executed these Articles of Incorporation this 2nd day of August, 1996

Signature of Incorporator:

David A. Roosa

David A. Roosa

Typed name of incorporator signing

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

PURSUANT TO THE PROVISIONS OF SECTION 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:

Personal Best Case Management Services, Inc.

\_\_\_\_\_  
(must include suffix)

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

David A. Roosa

\_\_\_\_\_  
(NAME)

2100 NE 22nd Street

\_\_\_\_\_  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Fort Lauderdale FL 33305

\_\_\_\_\_  
(CITY/STATE/ZIP)

*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.*

David A. Roosa  
(SIGNATURE)

8-02-96  
(DATE)