TRANSMITTAL LETTER

0000029151

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314	8000031722483 -03/16/0001043007 *****70.00 *****70.00
SUBJECT: Palm Beach (Proposed co	FlderCare Services, Inc. proporate name - must include suffix)
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	□\$78.75 □ \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	D. Corson le (Printed or typed)
322 Colonial Road Address	
west.	Palm Beach, FL 33405 City, State & Zip
(SG/) Daytir	835-4225 ne Telephone number
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NOTE: Please provide the original and one copy of the articles

ARTICLES OF INCORPORATION OF PALM BEACH ELDERCARE SERVICES, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation for profit under Chapter 607 of the State of Florida.

ARTICLE I

The name of Corporation is Palm Beach ElderCare Services, Inc.

ARTICLE II

The mailing address of the corporation is: 322 Colonial Road
West Palm Beach, Florida 33405

ARTICLE III

The number of shares this corporation is authorized to issue at any one time is one hundred (100) shares of common stock with a par value of one dollar (\$1.00) per share.

ARTICLE IV

The name and Florida street address of the initial registered agent are:

Anna P. Corson 322 Colonial Road West Palm Beach, Florida 33405

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

Anna P. Corson 322 Colonial Road

West Palm Beach, Florida 33405

Signature/Incorporator

Date

ARTICLE VI

The effective date of incorporation is March 15, 2000.

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/Registered Agent

Date

: ****