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TRANSMITTAL LETTER

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

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-03/30/00--01091--004
*****87.50 *****87.50

SUBJECT: HOME CARE ALTERNATIVES 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 of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DAVID J. STEVENSON
Name (Printed or typed)

14 CEDARVIEW CT.
Address

PAUM COAST FL. 32137.
City, State & Zip

904 806 3772
Daytime Telephone number

00 MAR 30 M 9 14
FILED
SECRETARY OF STATE
TALLHASSEE, FLORIDA

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

015
4-4-00
2

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

HOME CARE ALTERNATIVES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

14 CEDARVIEW CT.
PALM COAST FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO Provide supportive services in clients Home

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

DAVID STEVENSON
PATRICIA ANNE LYNCH CRAIG
DANIELLE LYNN STEVENSON

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

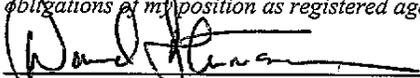
DAVID STEVENSON - 14 CEDARVIEW CT PALM COAST FL
32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

PATRICIA ANNE LYNCH CRAIG
137 BAYSIDE DR. PALM COAST FL 32137

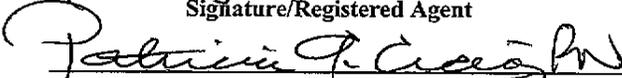
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating 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

3/27/00

Date



Signature/Incorporator

3/27/00

Date

FILED
00 MAR 30 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA