

P000000054807

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000030421 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FILED
00 JUN -6 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SANTOVENIA ADULT DAY HEALTH SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

H00000030421

⑤

ARTICLES OF INCORPORATION

FOR

SANTOVENIA ADULT DAY HEALTH SERVICES, INC.

The undersigned, acting as incorporator(s) of a Corporation pursuant to Chapter 621 Florida Statutes, adopt(s) the following Articles of Incorporation.

ARTICLE I- NAME

The name of the Corporation shall be:

SANTOVENIA ADULT DAY HEALTH SERVICES, INC.

ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

13363 S.W. 42nd Street
Miami, Florida 33173

ARTICLE III- CORPORATE DURATION

The duration of the Corporation is to be perpetual.

FILED
00 JUN -6 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Instrument prepared by:
EDUARDO CANTERA, ESQ.
1762 Coral Way
Miami, Florida 33145
FBN: # 154990
TEL: (305) 442-4343
FAX: (305) 285-2884

H00000030421

H00000030421

ARTICLE IV - PURPOSE

The Corporation may engage in any activity or business permitted under the Laws of the State of Florida. The purpose of this corporation is to provide legal services.

ARTICLE V CAPITALIZATION

The aggregate number of shares which the Corporation is authorized to issue is 100 Shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE VI- DIRECTORS

The number of Directors constituting the initial Board of Directors of the Corporation shall be one (1):

Erika Ruiz- President and Director

ARTICLE VII- INCORPORATORS

The name and address of the Incorporator is:

NAME	ADDRESS
Erika Ruiz	13363 S.W. 42 nd Street Miami, Florida 33173

ARTICLE VIII- INDEMNIFICATION

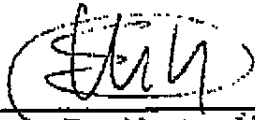
This Corporation shall indemnify and may insure it's Officers and Directors to the fullest extent permitted by Law.

H00000030421

H00000030421

The Undersigned Incorporator(s) has (have) executed these Articles of
Incorporation this 6th day of June 2000.

Signature of the Incorporators



Erika Ruiz President and Director

H00000030421

H00000030421

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

Pursuant to the provisions of sections 621, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the followings statement in designating the registered office/ registered agent, in the State of Florida.

1.The name of the corporation is:

SANTOVENIA ADULT DAY HEALTH SERVICES, INC.

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

**EDUARDO CANTERA,ESQUIRE.
1762 Coral Way
Miami, Florida 33145**

FILED
00 JUN -6 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**HAVING BEEN NAMED AS REGISTERED AGENT AND
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
POSITIONS AS REGISTERED AGENT.**

Signature 

Date 6/6/00

H00000030421