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00 JUN 27 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/28/00

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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((((H00000034166 9)))

TO: DIVISION OF CORPORATIONS FAX #: (350)922-4001
FROM: MEDGUARD SERVICES INC. ACCT#: I19990000019
CONTACT: GILBERT SANABRIA
PHONE: (305)389-2049 FAX #: (305)266-7979

NAME: Colonial Drive Senior Residence Care Inc.
AUDIT NUMBER.....H00000034166
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....1 DEL.METHOD.. FAX
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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

Colonial Drive Senior Residence Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10220 S.W. 164th Street
Miami, Florida 33157

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number share which this corporation shall have the authority to issue is 100 shares of common stock No Par Value. Each share shall have equal rights with each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Odalys Govea
13210 S.W. 55th Street
Miami, Florida 33175

ARTICLE V INCORPORATOR

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

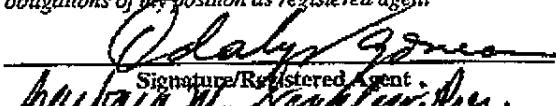
Odalys Govea-President
13210 S.W. 55th Street
Miami, Florida 33175


Signature/Incorporator

June 27, 2000
Date

(An additional article must be added if an effective date is requested.)

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
Barbara M. Henderson, Pres.
Medguard Services, Inc.
1671 S.W. 67th Avenue
Miami, Florida 33155

June 27, 2000
Date