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FILED
01 JAN 29 PM 1:09
SECRETARY OF STATE

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

Enclosed

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SUBJECT: WELL ELDERS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

ed 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	M - LUDNA SANtos, ARNI Name (Printed or typed)			
	1 4 4 0 0	S.W. 84	Ct.	
	MIAMI, City.	FL. 3318	58	
	\) – 53.96 elephone number		

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

M. Santos

G. VE

CORRECT Article IV

DATE 1-31-2001

DOC. EXAM CB

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: WELL ELGERS, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: H4205.60 846 HAMI, FIL. 33158
The purpose for which the corporation is organized is: MAKE NURSING HOMES AND Adult LIVING FACILITIES
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): M-IUDHA SANTOS, ARNP 14420 S.W 84 Ct. MIAMI, Fil. 33158
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: I - U d N A S AN + OS AR N P I U U D S W & C + MI AMI FIC. 33 158 ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is: H-IUDNA > ANTOS, ARAP 14420 S.W 84 Ct- M.AMI, FIL: 33156 ***********************************
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent No 10 GN A SANFOS IMSN, ARAF Date 1/23/01 Date 1/23/01 Date 1/23/01 Date