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TRANSMITTIAL LETTER
Department of Florida
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-10/09/01--01027--007
*****78.75 *****78.75

SUBJECT:

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:
\$78.75, for the incorporation of, **EXTENDED CARE INC.**

SINCERELY,


TOM MARTIN

TOM MARTIN, P.O. BOX 2205
STUART, FL 34995-2205

FILED
01 OCT -9 AM 10:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. Burch OCT 10 2001

ARTICLES OF INCORPORATION

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

ARTICLE I. NAME

The name shall be:

EXTENDED CARE, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address is:

TOM MARTIN, P.O. BOX 2205
STUART, FL 34995-2205

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is:

To engage or transact in any or all lawful or business permitted in the United States, The State of Florida or any other State, Country, Nation, Territory or Nation.

ARTICLE IV. SHARES

The number of shares of stock is:

10,000 SHARES HAVING NO PAR VALUE

ARTICLE V. INITIAL OFFICERS AND DIRECTORS

The name and Address:

TOM MARTIN, 1998 NE 21ST TERRACE
JENSEN BEACH, FL 34957

ARTICLE VI. REGISTERED AGENT

The name and Florida street address of the registered agent is:

TOM MARTIN, 1998 NE 21ST TERRACE
JENSEN BEACH, FL 34957

ARTICLE VII. INCORPORATOR

The name and address of the incorporator is:

TOM MARTIN, P.O. BOX 2205
STUART, FL 34995-2205

.....
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

10/3/01
Date


Signature/Incorporator

10/3/01
Date

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TALLAHASSEE FLORIDA