

TRANSMITTAL LETTER

P02000007109

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

**SUBJECT:** LONG TERM CARE INFORMATION, INC.  
(Proposed corporate name - must include suffix)

700004741777--2  
-12/28/01--01006--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: ACCURATE ACCOUNTING ASSOCIATES  
DUNCAN FRASER  
Name (Printed or typed)  
660 LINTON BLVD., STE. #207  
Address  
DELRAY BEACH, FLORIDA 33444  
City, State & Zip  
561-266-0770  
Daytime Telephone number

FILED  
02 JAN 22 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01-22-02 /  
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**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 2, 2002

ACCURATE ACCOUNTING ASSOC  
ATTN: DUNCAN FRASER  
6620 LINTON BLVD STE #207  
DELRAY BEACH, FL 33444

SUBJECT: LONG TERM CARE ADVISORS, INC.  
Ref. Number: W02000000134

We have received your document for LONG TERM CARE ADVISORS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 802A00000200

CERTIFICATE OF INCORPORATION  
OF

**LONG TERM CARE INFORMATION, INC.**

The undersigned, hereby associates for the purpose of becoming a Corporation under the Laws of the State of Florida, under the provisions of the Statutes of the State of Florida providing for the formation, liability, rights, privileges and immunities of a Corporation for profit, generally, and hereby makes, subscribes, acknowledge and files this Certificate for the purpose of becoming a Corporation under the Laws of the State of Florida.

ARTICLE I

Name of the Corporation

The name of this Corporation shall be:

LONG TERM CARE INFORMATION, INC.

ARTICLE II

Principal Office

The following shall be the street address and the principal office of this Corporation, but the Corporation shall have the power to move the principal office to any other address in the State of Florida, and to establish branch offices and other places of business at such other places within or without the State of Florida that may be deemed expedient:

5700 Lake Worth Road  
Suite 106  
Lake Worth, FLORIDA 33463

ARTICLE III

Shares

The maximum number of shares of capital stock authorized to be issued by this Corporation shall be 1,000 shares, each having a par value of \$1.00. Each of said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of the stockholders. All or any part of said capital stock may be paid for in cash, in property, or in labor or services at a fair valuation to be fixed by the incorporator, or by the Board of Directors, at a meeting called for such purpose. All stock when issued shall be fully paid for and shall be non-assessable.

The private property of the stockholders shall not be subject to the payment of the Corporation's debt to any extent whatsoever.

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TALLAHASSEE FLORIDA

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ARTICLE IV  
Initial Capital

The amount of capital with which this Corporation shall begin business shall be One Thousand Dollars (\$1,000.00).

ARTICLE V  
Term of Existence

This Corporation shall have perpetual existence.

ARTICLE VII  
Directors

There shall be a Board of Directors for this Corporation which shall consist of one person. The number of Directors may be increased from time to time as determined by the By-Laws, but shall never be less than one. Each Director shall be of full age and shall be a citizen of the United States. Any Director may be removed at any annual or special meeting of stockholders called in accordance with the By-Laws of the Corporation, by the same vote as that required to elect a Director.

ARTICLE VIII  
Initial Board of Directors

The name and address of the first Board of Directors is as follows:

<u>Name</u>	<u>Address</u>
Duncan Fraser	660 Linton Blvd. #207, Delray Beach, FL 33444

The member of the first Board of Directors, unless otherwise provided by the By-Laws, shall hold office for the first year of the existence of the Corporation or until his successor is elected or appointed and has qualified.

ARTICLE IX  
Incorporator

The name and addresses of the incorporator to these Articles of Incorporation is:

<u>Name</u>	<u>Address</u>
Duncan Fraser	660 Linton Blvd. #207, Delray Beach, FL 33444

ARTICLE X  
Conflict of Interest

No contract or other transaction between this Corporation and any other Corporation, and no act of this Corporation shall in any way be affected or invalidated by the fact that any of the officers of this Corporation are pecuniarily or otherwise interested in, or are Directors or officers of, such other Corporation; any Director individually, or any firm of which any Director may be a member, may be a party to, or may be pecuniarily or otherwise interested in any contract or transaction of this Corporation, provided that the fact that (s)he or such firm is so interested shall be disclosed or shall have been known to the Board of Directors or a majority thereof, and any Director of this Corporation or who is so interested may be counted in determining the existence of a quorum at any such meeting of the Board of Directors, and may vote at any such meeting of the Board of Directors of the Corporation, which shall authorize any such contract or transaction, with like force and effect as if he were not such a Director or officer of such other corporation not so interested.

ARTICLE XI  
Amendment

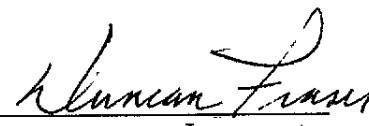
The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by the Laws of the State of Florida, and all rights conferred upon the stock holders herein are subject to this reservation.

ARTICLE XII  
Initial Registered Agent

The name and address of the initial registered agent is:

Duncan Fraser  
c/o ACCURATE ASSOCIATES  
660 Linton Blvd. Suite 207  
Delray Beach, FL 33444

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation for the uses and purposes stated therein this 21<sup>st</sup> Day of DECEMBER, 2001

  
Incorporator

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LONG TERM CARE INFORMATION, INC.

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

DUNCAN FRASER CPA  
(NAME)  
C/O ACCURATE ACCOUNTING ASSOCIATES  
660 LINTON BLVD., STE #207  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
DELRAY BEACH, FLORIDA 33444  
(CITY/STATE/ZIP)

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*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.*

Duncan Fraser  
(SIGNATURE)

1/15/02  
(DATE)