H02000164571 0

P02000075638

# 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.

(((H02000164571 0)))

**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)205-0381

From:
Account Name : CONTINENTIAL MARKETING GROUP
Account Number : 070253003503
Phone : (305)232-2226
Fax Number : (305)238-6422

FILED
2002 JUL 11 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# FLORIDA PROFIT CORPORATION OR P.A.

**Florida City Adult Care, Inc.**

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $78.75 |

MITCH GORDON
c/o CONTINENTAL STAMP & SEAL
8744 S.W. 133 STREET
MIAMI, FL. 33176
(305) 232-2226

07-11-02

H02000164571 0

# ARTICLES OF INCORPORATION

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

FILED
2002 JUL 11 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

***ARTICLE I NAME***

The name of the corporation shall be:

FLORIDA CITY ADULT CARE, INC.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

646 WEST PALM DR.
FLORIDA CITY, FL 33034

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

MEDICAL OFFICE

***ARTICLE IV SHARES***

The number of shares of stock is:

1000

***ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)***

The name(s), address(es) and title(s):

IRA WELLISCH
646 WEST PALM DR.
FLORIDA CITY, FL 33034

***ARTICLE VI REGISTERED AGENT***

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

IRA WELLISCH
646 WEST PALM DR.
FLORIDA CITY, FL 33034

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

IRA WELLISCH
646 WEST PALM DR.
FLORIDA CITY, FL 33034

**********

*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 — Date: 7/11/02

Signature/Incorporator — Date: 7/11/02

MITCH GORDON
c/o CONTINENTAL STAMP & SEAL
8744 S.W. 133 STREET
MIAMI FL 33176