

H020001645710

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

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

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

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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:

FLORIDA CITY ADULT CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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 INTIAL 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**

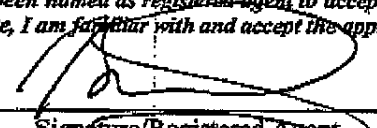
The name and Florida street address of the registered agent is:

IRA WELLISCH
646 WEST PALM DR.
FLORIDA CITY, FL 33034**ARTICLE VII INCORPORATOR**

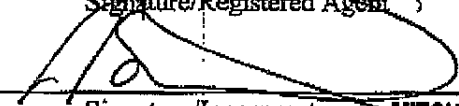
The name and address of the Incorporator is:

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 ~~forbear~~ with and accept the appointment as registered agent and agree to act in this capacity


 Signature/Registered Agent

 7/11/02
 Date


 Signature/Incorporator

MITCH GORDON

c/o CONTINENTAL STAMP & SEAL

8744 S.W. 133 STREET

MIAMI FL 33176

 7/11/02
 Date

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