

P020000083403

Charter Number Only

7/31/02

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

FILED
02 AUG - 1 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****78.75 *****78.75

CORPORATION(S) NAME

Seniors Health Choice, Inc.

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TALLAHASSEE, FLORIDA

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

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| Availability |
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| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

Certified
copy

Bm 8/1



Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SENIORS HEALTH CHOICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*4801 SW 168 AVENUE
SOUTHWEST RANCHES, FL.
33331*

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$1⁰⁰ PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*KIP S. ERZINGER
4801 SW 168 AVENUE
SOUTHWEST RANCHES, FL.
33331*

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

KIP S. ERZINGER V.P. / DIRECTOR
4801 SW 168 AVENUE
SOUTHWEST RANCHES, FL. 33331

ROBERT J. LEVINE, PRES. / DIRECTOR
5448 NW 57 STREET
TAMARAC, FL.
33319

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

31 day of JULY, 2002.

Kip S. Erzinger
Signature

Robert J. Levine
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**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: SENIORS HEALTH CHOICE, INC.

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

KIP S. ERZINGER

(NAME)

4801 SW 168 AVENUE

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

SOUTHWEST RANCHES, FL. 33331

(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.

Kip S. Erzinger
(SIGNATURE)

7-31-02
(DATE)