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## TRANSMITTAL LETTER

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

Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:		
Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: Liselotte Bader + Barbara Prozer Name (Printed or typed)				
2780 N. FLORIDA AVENUE UNIT # 2				
Hernando, Fl. 34442				
1-352-341-3900 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME The name of the corporation shall be:  Elder Care of Citrus County. Inc.	03 MAY -8 PM 3: 17 SECRETARY OF STATE FALL AHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	TALL ANASSEE, FLORID
2780 N. Florida Ave. Hernando, FL 34442	
The purpose for which the corporation is organized is:  Home care for elderly people.	
ARTICLE IV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):  Liselotte Bader - President.  Barbara Prozer- Vice President	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  Barbara Prozer  2410 E. Harley St  Inverness, Fl 34453	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Liselotte Bader 3129 N. Tamarisk Are.  Beverly Hills, FI 34453	
**************************************	he place designated in this
Signature/Registered Agent 5/6	103 Date

Liselotte Zuste/
Signature/Incorporator