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Special Instructions to Filing Officer:					





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TRANSMITTAL LETTER

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

JBJECT: Seni	or Care Consulting - Tampa	a Bay, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
closed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00	☑ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
	•		& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	PY KEQUIKED
EDOM. B	arbara Riley-Baker		
1 KO141.	Name	(Printed or typed)	
	PO Box 2607		
•		Address	<u> </u>
	Dunedin, FL. 34697		
	City	, State & Zip	
	(727) 736-8231		
•	. `	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) ARTICLE I NAME The name of the corporation shall be: SENIOR CARE CONSULTING-TAMPA BAY, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. BOX 2607 **DUNEDIN, FL. 34697** ARTICLE III PURPOSE The purpose for which the corporation is organized is: GERIATRIC CARE MANAGEMENT ARTICLE IV SHARES The number of shares of stock is: 100 SHARES INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): BARBARA RILEY-BAKER PRESIDENT 2350 HARRISON DRIVE **DUNEDIN, FL. 34698** REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: BARBARA RILEY-BAKER 2350 HARRISON DRIVE DUNEDIN, FL. 34698 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: BARBARA RILEY-BAKER

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

12/2/2003

12/2/2003

Date

Date

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

2350 HARRISON DRIVE DUNEDIN, FL. 34698

Signature/Registered Agent