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(City/State/Zip/Phone #)

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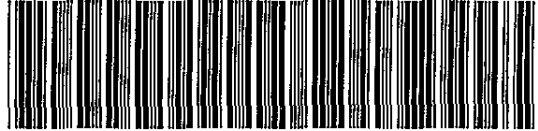
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

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## TRANSMITTAL LETTER

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

**SUBJECT:** SENIOR MANAGEMENT , INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Mary Beth Gravanga

Name (Printed or typed)

2950 Shannon Circle

Address

Palm Harbor , Florida 34684

City, State & Zip

727-785-5315

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 9, 2004

MARY BETH GRAVANGA  
2950 SHANNON CIR  
PALM HARBOR, FL 34684

SUBJECT: SENIOR MANAGEMENT, INC.  
Ref. Number: W04000009457

We have received your document for SENIOR MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan  
Document Specialist  
New Filings Section

Letter Number: 304A00015646

## 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 Management, Inc.~~

*Senior Management of Tampa Bay INC*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

~~2950 Shannon Circle~~ *PO BOX 6034*  
Palm Harbor, Florida 34684

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Services

### ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares authorized

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mary Beth Gravanga  
2950 Shannon Circle  
Palm Harbor, Florida 34684  
President

### ARTICLE VI REGISTERED AGENT

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

Mary Beth Gravanga  
2950 Shannon Circle  
Palm Harbor, Florida 34684

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary Beth Gravanga  
2950 Shannon Circle  
Palm Harbor, Florida 34684

\*\*\*\*\*

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:

*Mary Beth Gravanga*  
\_\_\_\_\_  
Signature/Registered Agent

*2/25/04*  
\_\_\_\_\_  
Date

*Mary Beth Gravanga*  
\_\_\_\_\_  
Signature/Incorporator

*2/25/04*  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA