

P9500028673

Well-Gone Music, Inc.
255-57 S. St Rd #7
Margate, FL 33068

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

Subject:

RECORDED 144 31072
03/29/95--01008--008
***122.50 ***122.50

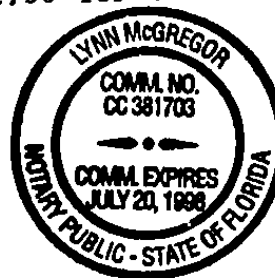
Dear Sir:

Enclosed is original and one copy of Articles of Incorporation and Certification of Designation Registered Agent/Registered Office for

Also enclosed is a check in the amount of \$122.50 for costs to incorporate.

Please process documents accordingly.

Sincerely,



Kimberly Taylor

W95-7287

BROWN APR 12 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 4, 1995

WINIFRED TAYLOR
255-57 NORTH STATE ROAD #7
MARGATE, FL 33068

SUBJECT: WELL-CARE NURSING INC.
Ref. Number: W95000007287

We have received your document for WELL-CARE NURSING INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown
Document Specialist

Letter Number: 795A00015310

**ARTICLES OF INCORPORATION
OF
WELLCARE NURSING SERVICES, INC.**

FILED
95 APR 11 AM 10:17
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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: WELLCARE NURSING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

255 S. STATE ROAD 7
MARGATE, FL 33068

ARTICLE III CAPITAL STOCK

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

1000 SHARES HAVING A PAR VALUE OF ONE DOLLAR
(\$1.00) PER SHARE. THE CONSIDERATION TO BE PAID
FOR EACH SHARE OF STOCK SHALL BE FIXED BY THE
BOARD OF DIRECTORS.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHUCK MOGBO, P.A.
SUITE 124
2331 N. STATE ROAD 7
LAUDERHILL, FL 33313

ARTICLE V INCORPORATOR(S)

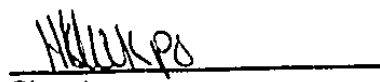
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

WINNIFRED TAYLOR
9037 VINEYARD LAKE DRIVE
PLANTATION, FL 33324

HELENA ULUKPO
2141 N.W 67TH AVENUE
SUNRISE, FL 33313

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 3RD day of APRIL, 1995.


Signature

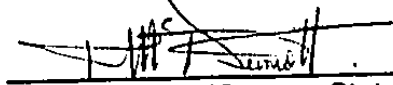

Signature

STATE OF FLORIDA

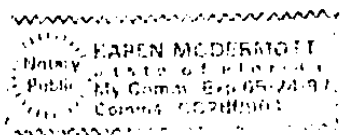
COUNTY OF BROWARD

Before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements, personally appeared the subscriber(s), who after first being duly sworn, executed the forgoing certificate of Incorporation, freely and voluntarily for the purpose therein expressed.

In witness whereof, I have hereunto set my hand and official seal at Fort Lauderdale, said county and state, this 3RD day of APRIL, 1995.


NOTARY PUBLIC State of Florida
at Large

My commission expires:



ARTICLE VI NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other State, Country, Territory or Nation.

ARTICLE VII TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE VIII OFFICERS

The name(s) and post office address(es) of the members of the Board of Directors and officer(s) who shall hold office for the corporation is (are) as follows:

WINNIFRED TAYLOR/PRESIDENT
9037 VINEYARD LAKE DRIVE
PLANTATION, FL 33324

HELENA ULUKPO/M.PRESIDENT/SECRETARY
2141 N.W 67TH AVENUE
SUNRISE, FL 33313

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
MAR 11 1995
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: WELLCARE NURSING SERVICES INC.

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

CHUCK MOGBO, P.A.
SUITE 124
2331 N. STATE ROAD 7
LAUDERHILL, FL 33313

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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


CHUCK MOGBO/PRESIDENT

DATE 04-03-95

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO DEPARTMENT OF STATE

04-25-95

00320

P95000028673

STATE OF FLORIDA
OFFICE OF THE STATE TREASURER
TALLAHASSEE, FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,327.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,327.50	OTHER	4

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	4	90.00
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	131.25
12	45-20-2-130001-45300000-00-000100-00	1	983.75

RECEIVED

04-25-95

GRAND TOTAL:

\$ 1,327.50

Process Date: 04/12/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

PRESENT AGAIN AS A CASH ITEM 249



SHARON STEVENS

1575 N.W. 44th AVE

COBAL SPRINGS, FL 33428

EDMUND J. STEVENS

or as indicated below

5 Unrecorded

21 Unrecorded

21 Unrecorded

21 Unrecorded

21 Unrecorded

NSF

PRESENTED TWICE

NSF

1995

\$ 122.50

5/12/95

Financial Connections

Account

Other

Lost to Incorp

Sharon Stevens

00570024360 3515222529 0249 70000012250

UNIT OF STATE 1500453
FOR DEPOSIT ONLY
01/23/95--01000--000
*****122.50

20 01000 001 8005226699>0630000047K
0530000047 1981 03-30 JAX FL
06 351245 03-0252201 30
01000 001 0109300000020
053000047 04-04 1218
04 145899 00000015

04/19/95 03/19/95
BARNETT JAX
THU JUN 95 11 11
03/19/95 03/19/95



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State

May 5, 1995

Sharon Stevens
1973 NW 111 Terrace
Coral Springs, FL 33071

SUBJECT: WELLCARE NURSING SERVICES, INC.
Ref. Number: P95000028673

Debit Memo #: 53320-B

This is to inform you that your check #249 dated March 23, 1995 in the amount of \$122.50 and submitted for WELLCARE NURSING SERVICES, INC. has been returned to us by your bank because of Insufficient Funds.

We request that you remit a cashier's check or money order in amount of \$137.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 195A00022022

cc: Wellcare Nursing Services, Inc.
255 South State Road 7
Margate, Florida 33068



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

June 9, 1995

Sharon Stevens
1973 NW 111 Terrace
Coral Springs, FL 33071

SUBJECT: WELLCARE NURSING SERVICES, INC.
Ref. Number: P95000028673

Debit Memo #: 53320-B

Due to your failure to respond to our previous letter advising you of the returned check #249, the Articles of Incorporation for WELLCARE NURSING SERVICES, INC. have been cancelled and are considered not filed as of June 9, 1995.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 195A00028525

cc: Wellcare Nursing Services, Inc.
255 South State Road 7
Margate, Florida 33068

P95 0000 28673

DATE: 11.28.95

DOCUMENT NUMBER: P950000.28673

REACTIVATED ARTICLES OF INCORPORATION, RECEIVED PAYMENT FOR DEBIT MEMO
IN THE AMOUNT OF \$

53320-B

138.50

MELINDA LILLISTON

900001548589
-07/28/95--01024--002
****138.50 ****138.50