~ P95000038866

1431 N. Pino Hills Rd. Orlando, Fl. 32808 May 10, 1995

Dopartment of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

SCIOOD 1487595 -05/15/95--01078--015 *****78.75 *****78.75

RE: Incorporation of Pine Hills Nursing Care, Inc..

Dear Sir:

Enclosed are the articles of incorporation and a check for \$78.50 to with the fees consisting of:

Filing Fee 35.00 Designation of registered agent 35.00 Certificate under Seal 8.75

TOTAL 78.75

The Above amount covers the charges related to the incorporation of the above named company. Your attention to this matter is appreciated. If there are any questions, please contact me at (407) -297-5818.

THANK YOU

Sincerely,

Mary H. Williams

S/16/55

FILED SECREMAY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION OF

95 HAY 15 PH 3: 25

PINE HILLS NURSING CARE, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of this corporation is:

PINE HILLS NURSING CARE, INC.

ARTICLE II. NATURE OF BUSINESS

The corporation may engage in any activities or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III. CAPTTAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time shall be as follows: One Thousand (1,000) shares of common stock having a par value of \$1.00 per share. The consideration to be paid for each share shall be as fixed by the board of directors, and may take the form of services rendered, cash, property, or any other form deemed satisfactory by the board of directors.

ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation will begin business shall not be less than Five Hundred Dollars (\$500.00).

ARTICLE V. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE VI. ADDRESS

The initial street address of the principal office of the corporation in the State of Florida shall be: 1431 N. PINE HILLS RD. ORLANDO, FL 32808. The board of directors may from time to time move the principal office to any other place or places as may be designated by the board of directors.

ARTICLE VII. DIRECTORS

This corporation shall have one director initially. The number of directors may be increased or diminished from time to time, by by-laws adopted by the stockholders, but shall never be less than one.

At all times during which this corporation is authorized to have one director, the term "board of directors" as used herein shall mean the one director of this corporation.

ARTICLE VIII. DIRECTORS' POWERS

The board of directors shall have the power to fix or change salaries of the directors as directors and as officers, to restrict the transfer of stock by stockholders, to indemnify directors and officers against liability for their good faith acts and omissions to

permit contracts or other transactions between the corporation and one or more of its directors individually or business in which one or more of its directors are interested, and to exercise such other powers of the corporation as are not inconsistent with these articles or with any by-laws that may be adopted by the stockholders.

ARTICLE IX. ORIGINAL DIRECTORS

The names and street addresses of the members of the first board of directors are:

NAME ADDRESS

MARY H. WILLIAMS 1431 N. PINE HILLS RD ORLANDO, FL 32808

ARTICLE X. SUBSCRIBER

The name and address of the subscriber to these Articles of Incorporation is:

NAME ADDRESS

MARY H. WILLIAMS 1431 N. PINE HILLS RD ORLANDO, FL 32808

ARTICLE XI. REGISTERED OFFICE AND REGISTERED AGENT

The street address of the office registered for the corporation shall be c/o MARY H. WILLIAMS 1431 N. PINE HILLS RD ORLANDO, FL 32808. The initial registered agent shall be MARY H. WILLIAMS.

ARTICLE XII. AMENDMENTS

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by law, and all rights conferred on stockholders herein are granted and subject to this reservation.

WITNESS WHEREOF, Wo, the undersigned subscribers, have hereunto set our hand and seal, this ____ 10th ___ day of __MAY____, 1995, for the purpose of forming this corporation under the laws of the State of Florida, and do hereby make and file in the office of the Secretary of the State of Florida these Articles of Incorporation and certify that the facts heroin stated are true. Morry H. Williams STATE OF FLORIDA COUNTY OF ORANGE I hereby certify that on this day, before me, a notary public, duly authorized in the state and county named above to take acknowledgements, personally appeared MARY H. WILLIAMS to me known to be the person described as subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to these Articles of Incorporation. Sworn to and subscribed before me this 10th day of May 1995, by Mary H. Williams . ANN B. HELMICK Notary Public, State of Florida Personally know to me X Produced identification _____

Type ID _____

CERTIFICATE DESIGNATING SECRETARY OF STATE OFFICE OFFICE OFFICE SECRETARY OF STATE OFFICE OFFICE SECRETARY OF STATE OFFICE SECRETARY OFFICE 95 MAY 15 PM 3:25

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the office/registered agent, in the State of Florida.

1. The name of the corporation is:

PINE HILLS NURSING CARE, INC.

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

MARY H. WILLIAMS 1431 N. PINE HILLS RD ORLANDO, FL 32808

Signature Many 11-Williams (Corporate Officer)

Title PRESIDENT

Date 5/10/93

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORAL ON, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGRE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCES OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE	Mary Williams
	Registered Agent
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