



THE CORPORATE CENTER

~~950004274~~

Three Christina Centre • 201 N Walnut Street • Wilmington, Delaware 19801 • Telephone: (302) 575-0440 • Fax: (302) 575-1346

May 15, 1995

Corporate Records Bureau
Division of Corporations
P.O. Box 6317
Tallahassee FL 32314

RE: Professional Care and Consultants Inc. of Florida
P1142320PRMAT

551 MAY 25 PM 2:01
FILED
FLORIDA SECRETARY OF STATE

Dear Sir or Madam:

Enclosed please find Articles of Incorporation, Agent Acceptance Statement and our check(es) in the amount of \$70.00 for Professional Care and Consultants Inc. of Florida

Please file at your earliest convenience and return confirmation to my attention at the address which is listed above.

Please feel free to contact me directly at 1-302-575-0440, ext. 208 with questions regarding the enclosed application.

Sincerely,

Kimberly Andras
Kimberly Andras

enc.

1000001499171
-05/25/95--01049--005
*****70.00 *****70.00

SPS

ARTICLES OF INCORPORATION
OF
Professional Care and Consultants, Inc. of Florida

The undersigned natural person(s), of the age of 21 or more, acting to form a corporation under the corporate laws of the state of Florida do hereby certify the following:

FIRST: The name of the corporation shall be Professional Care and Consultants, Inc. of Florida.

SECOND: The address of the initial registered office of the corporation is 200 - A John Knox Road, Tallahassee FL 32303-6643, County of Leon. The name of the registered agent, located at said address is Larry Wolfe.

THIRD: The principal address of the corporation is 6753 Carpel Drive, New Port Richey FL 34653.

FOURTH: The purpose for which this corporation is organized shall be to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

FIFTH: The total authorized stock of this corporation is divided into 200 shares of no par value.

SIXTH: The number of directors constituting the initial board of directors is two, and the name(s) and address(es) who will serve as directors until the first annual meeting of shareholders or until their successors are as follows:

Leticia F. Matias and Adelina Garabelis, both of
16033 Eagle Riverway, Tampa FL 33624

SEVENTH: The duration of the corporation is perpetual.

EIGHT: This is Close Corporation.

NINTH: The name(s) and address(es) of the persons who are to act as incorporator(s) are as follows:

Kimberly Andras c/o The Company Corporation
Three Christina Centre, 201 N. Walnut St., Wilmington DE 19801

We (I), the undersigned, being all the incorporators of the corporation identified above, declare that we have examined the foregoing this 15th day of May, 1995.

Kimberly Andras
State of Delaware

County of New Castle

THE FOREGOING instrument was acknowledged and sworn to before me this 15th day of May, 1995 by Kimberly Andras. SUSAN M. GRIFFIN

NOTARY PUBLIC-DELAWARE
Appointed October 6, 1994
Term 2 Years

Susan M. Griffin
Notary Public

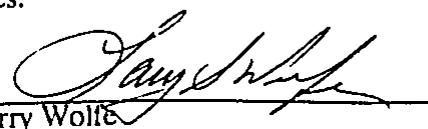
This document was prepared by Kimberly Andras, Three Christina Centre, 201 N. Walnut Street, Wilmington DE 19801 (302) 575-0440

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
PROCESS MAY BE SERVED.

In compliance with Section 607.1507, Florida Statutes, the following is submitted:

First, this Professional Care and Consultants, Inc. of Florida desiring to organize under the laws of the state of Florida with its principal place of business located in the city of New Port Richey, State of Florida, has named Larry Wolfe located at 200 - A John Knox Road, Tallahassee FL 32303-6643 as its agent for service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Larry Wolfe

May 23, 1995

Date

55 MAY 25 PM 2:31
RECEIVED
FLORIDA
CORPORATION
COMMISSIONER
OF STATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P95000042174

1 Corporation Name

PROFESSIONAL CARE AND CONSULTANTS, INC. OF FLORIDA

Principal Place of Business

6753 CARPEL DR
NEW PORT RICHEY FL 34653

Mailing Address

6753 CARPEL DR
NEW PORT RICHEY FL 34653

96 OCT 21 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable

Suite, Apt. # etc

Suite, Apt. # etc

05/25/1995

City & State

City & State

Applied For

Zip

Zip

Country

Not Applicable

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s) Name of Officers and/or Directors

Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

D MATIAS, LETICIA

18033 EAGLE RIVERWAY

TAMPA FL 33624

D GARABELIS, ADELINA

18033 EAGLE RIVERWAY

TAMPA FL 33624

0000001988750--3

10/30/96 01004-017

****375.00 ****375.00

REINSTATEMENT

1996
A. Matias

8. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX RD
TALLAHASSEE FL 32303-6643

9. Name and Address of New Registered Agent

10-21-96

Name

Street Address (P O Box Number is Not Acceptable)

Suite, Apt. #, Etc

City

State FL Zip Code

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

Oct 17, 1996

(See other side for information
on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Leticia F. Matias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LETICIA F. MATIAS

Sept. 27, 1996

Date Daytime Phone #