

P97000016138
TRANSMITTAL LETTER

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

SUBJECT: Senior Well Care Group, Inc
(Proposed corporate name - must include suffix)

000002089650--2
-02/17/97--01107--012
****122.50 ****122.50

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Joseph J. DiCapua
Name (Printed or typed)

250 SW 15th Avenue
Address

Boca Raton, FL 33486
City, State & Zip

561-368-5063
Daytime Telephone number

Dmc
2/19/97

97 FEB 17 AH 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

ARTICLES OF INCORPORATION

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97 FEB 17 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, 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:

Senior Well Care Group, Inc

ARTICLE II PRINCIPAL OFFICE

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

250 SW 15th Avenue
Boca Raton, FL 33486

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joseph J. Di. Capua
250 SW 15th Avenue
Boca Raton, FL 33486

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

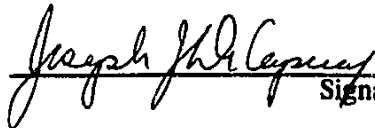
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Joseph J. DiCepue
250 SW 15th Avenue
Boca Raton, FL 33486

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of February, 19 1997.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

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97 FEB 17 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is: Senior Well Care
Group, Inc.

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

Joseph J Di Capua
(NAME)

250 Sw 15th Avenue
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Boca Raton, FL 33486
(CITY/STATE/ZIP)

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 obligations of my position as registered agent.

Joseph J Di Capua
(SIGNATURE)

2/14/97
(DATE)