

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 222-1870 • 800-342-8062 • Fax (904) 222-1222

*Continental
Care Services
of Florida,
Inc.*

*Corrected at 11
11/27/97 12:31 PM*
~~*11/27/97 11:24 AM*~~

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

600002192956--1
-05/28/97--01009--040
****122.50 ****122.50

- ☒ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Name Reservation _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

97 MAY 28 PM 10:02
RECEIVED
97 MAY 28 AM 9:03



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 28, 1997

CAPITAL CONNECTION INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32302

SUBJECT: CONTINENCE CARE SERVICES OF FLORIDA, INC.
Ref. Number: W97000012392

We have received your document for CONTINENCE CARE SERVICES OF FLORIDA, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE CORRECT ARTICLE VII*****

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 497A00028726

Corrected

ARTICLES OF INCORPORATION

OF

CONTINENCE CARE SERVICES OF FLORIDA, INC.

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following articles of incorporation:

ARTICLE ONE - NAME

The name of the corporation is Continnence Care Services of Florida, Inc.

ARTICLE TWO - NATURE OF BUSINESS

The corporation may engage or transact in any or all lawful activities or businesses permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

ARTICLE THREE - DURATION

The term of existence of the corporation is perpetual.

ARTICLE FOUR - PRINCIPAL OFFICE OF CORPORATION

The principal place of business and mailing address of the corporation are: 12971 East Highway 25, P.O. Box 184, Ocklawaha, FL 32179.

ARTICLE FIVE - DIRECTORS

The initial board of directors of the corporation shall consist of two (2) members.

The name and address of the first board of directors are:

Name	Address
Linda A. Albright	P.O. Box 184 Ocklawaha, Florida 32179
George J. Albright, III	209 S.E. 15th Ave. Ocala, FL 34471

ARTICLE SIX - AUTHORIZED SHARES

The aggregate number of shares that the corporation has authority to issue is one thousand (1000), all of which shall be common shares.

ARTICLE SEVEN - REGISTERED OFFICE

The name and address of the initial registered agent are:

Linda A. Albright

12971 East Highway 25

Ocklawaha, FL 32179

ARTICLE EIGHT - INCORPORATOR

The name and address of the incorporator are:

Linda A. Albright

P.O. Box 184

Ocklawaha, Florida 32179

IN WITNESS WHEREOF, I have subscribed my name this 22 day of
May, 1997.

Linda A. Albright
Linda A. Albright, Incorporator

DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT

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

(1) The name of the corporation is Continence Care Services of Florida, Inc.

(2) The name of the registered agent is Linda A. Albright.

(3) The address of the registered agent/registered office is 12971 East Highway 25, Ocklawaha, FL 32179.

Acceptance

Having been named as registered agent and designated to accept service of process for the above corporation, I hereby accept the appointment as registered agent and agree to act in that 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.

Date: 5/22/97

Linda A. Albright
Linda A. Albright

FILED
97 MAY 28 PM 4:02
MAY 28 1997
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA