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

DATE 12-9 97

DOC. EXAM_

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Enclosed is an original	inal and one(1) copy of the	e articles of incorporation and	l a check for :
\$70.00	<u> </u>	□\$122.50	\$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
) 4s	& Certificate	& Certified Copy	Certified Copy & Certificate
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		ADDITIONAL C	OPY REQUIRED
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FROM	M: <u>-patricia A. Pe</u> N	ters, A.R.E. Inc. ame (Printed or typed)	- 美
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	P.O. Box 49331	Address	PM 1: 07
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	Leesburg, FL 3	City, State & Zip	######################################
	(352) 365-99	10	
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ARTICLES OF INCORPORATION

OF

ALZHEIMER'S RESEARCH & EDUCATION, INC.

The undersigned incorporators hereby associate themselves together to form a corporation under Chapter 607, Florida Statutes.

ARTICLE I

NAME

The name of the corporation is ALZHEIMER'S RESEARCH & EDUCATION, 12-1 North 7th Street-INC., Leesburg, Florida 34748.

ARTICLE II

GENERAL PURPOSE

The general purpose or purposes for which the corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

ARTICLE III

CAPITAL STOCK

The aggregate number of shares of stock which the corporation shall have the authority to issue is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV

TERM OF EXISTENCE

This corporation shall begin its existence on the day these Articles of Incorporation are filed with the Secretary of State of the State of Florida, and shall exist perpetually.

ARTICLE V

ADDRESS OF INITIAL REGISTERED OFFICE AND NAME OF INITIAL REGISTERED AGENT

The initial registered office of this corporation and the name of its initial registered agent at such address are:

Patricia A. Peters

127 North 7th Street

Leesburg, Fl 34748

ARTICLE VI

DIRECTORS

The initial Board of Directors shall consist of three (3) members. A member of the Board of Directors need not be a resident of the State of Florida or a shareholder of the corporation.

The names and addresses of the persons who shall serve as Directors until the first annual meeting of shareholders, or until their successors have been elected and qualified are as follows:

NAME	ADDRESS
Yvonne Marchant	601 Ross Street, Leesburg, Florida 34748
Patricia A. Peters	7214 Harbor View Drive, Leesburg, Florida 34788
Charlotte Rubush	127 North 7th Street, Leesburg, Florida 34748

ARTICLE VII

OFFICERS

The name and post office address of each of the officers of the corporation are:

PRESIDENT YVONNE MARCHANT

P. O. Box 493311

Leesburg, Florida 34749-3311

SEC./TREAS. PATRICIA A. PETERS

P. O. Box 493311

Leesburg, Florida 34749-3311

ARTICLE VIII

INCORPORATORS

The name and address of each of the incorporators and the number of shares of stock which each shall take are:

NAME	ADDRESS	SHARES
YVONNE MARCHANT	601 Ross Street, Leesburg, Florida 34748	60
PATRICIA A. PETERS	7214 Harbor View Drive Leesburg, Florida 34788	40

ARTICLE IX

RESTRICTION ON TRANSFER

The transfer of any share of stock of this corporation shall be restricted and each stock certificate shall bear the notice of restriction in a conspicuous place.

The restriction shall read as follows:

[&]quot;The shares of stock evidenced by this certificate may not be transferred, pledged, assigned, or encumbered except in accordance with the terms of the Buy-Sell Agreement, a copy of which is on deposit and maintained in the corporate book."

ARTICLE X

AMENDMENT

The Articles of Incorporation may be amended in the manner provided by law.

ARTICLE XI

BYLAWS

The power to adopt, amend or repeal the Bylaws shall be reserved to the Shareholders of this corporation.

ARTICLE XII

INDEMNIFICATION

The corporation shall indemnify each officer and director, including former officers and directors, to the full extent permitted by law.

IN WITNESS WHEREOF, we have	e hereunto set our hands and seals			
this 2 day of Nccember 1997.	Juanne Marchant Wonne MARCHANT			
	PATRICIA A. PETERS			
STATE OF FLORIDA COUNTY OF LAKE	en e			
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared YVONNE MARCHANT and PATRICIA A PETERS, personally known to me to be the persons described in or who produced as identification, and who executed the foregoing document, and who acknowledged before me that they executed the same for the uses and purposes set forth therein.				
WITNESS my hand and official seal in the stay of NECLYNALL 1997. REPROPERTY PUBLIC NAME: NOTARY PUBLIC NAME: OF FLORE OF F	State and County last aforesaid this 27 DEC 8 SS 8			
My commission expires: OFFICIAL NOTARY SEAL COMMISSION NO. CC674102 MY COMMISSION EXP. SEPT 12,2001				
ACKNOWLEDGMENT:	IIIE			
Having been named to accept service of proc in these Articles of Incorporation, I hereby agree to a the provisions of all statutes relative to the proper and	cess for the above corporation at the place designated ct in this capacity, and I further agree to comply with d complete performance of my duties.			

PATRICIA A. PETERS REGISTERED AGENT