REV	TEOR ISTATEMENT		Secret IV a solvision a corpo	RATIONS	FILED
DOCUMENT # P98000009844					99 NOV -1 PM 4: 07
1. Corporation Name ELDERCARE ASSOCIATES, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business		Malling Address			,
725 HOLLY ROAD Anna Maria FL 34216			P.O. BOX 1730 BRADENTON FL 34206		
	addresses are incorrect in any way, rincipal Office Address, If Applicable		Information and enter iling Office Address, If		08/18/49 90008 600 4550 4. Date Incorporated or Qualified To Do Bushness in Florids
Suite, Apt. #, etc. City & State		Suite, Apt. i	#, etc.	· , · · · · · · · · · · · · · · · · · ·	01/29/1996
		City & State		···	6. Fel Number 65-6 \$ / 356 / Not Applicable
Zip	Country	Žip	Countr	у	CERTIFICATE OF STATUS DESIRED Security of States of States
7. Names Title(s) 1	s and Street Addresses of Each Office Name of Office and/or Director	ers	Str	etions must list at lea reet Address of Each ficer and/or Director	······································
D	WIGGINTON, JOLYNNE		P.O. BOX 2400	NA 1730	BRADENTON FL 34206
				, , , , , , , , , , , , , , , , , , , ,	-11/09/9901105001 **********************************
				-	-11/09/9901105001 ********8.75 ******8.75
	8. Name and Address of Co	urrent Registered Aç	gent	I	事事录象导行。(13 中央中央中央公司 10
Wigg		urrent Registered Aç	gent	Name	SP 9. Name and Address of New Registered Agent
725 I	GINTON, JOLYNNE HOLLY ROAD	urrent Registered Ag	gent	Street Address (F	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)
725 I	GINTON, JOLYNNE	urrent Registered Aç	gent	Street Address (F	SP 9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)
725 I ANN/	Ginton, Jolynne Holly Road A Maria Fl 34216			Street Address (f Suite, Apt. #, Etc City	SP 9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State FL
725 I ANN/ 10. I, bein	SINTON, JOLYNNE HOLLY ROAD A MARIA FL 34216 The appointed the registered agent of the control o	the above named corp	poration, am familiar w	Street Address (f Suite, Apt. #, Etc City	SP 9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State FL
725 I ANN 10. I, bein Signature Registered 11. I certiff this rei owed i	SINTON, JOLYNNE HOLLY ROAD A MARIA FL 34216 or appointed the registered egent of a Agent by that I am an officer or director or the instatement application, the reason for	REGISTERED A	poration, am familiar w GENT MUST SIGN ampowered to execute on eliminated, the corpo iduals listed on this for	Street Address (F Suite, Apt. #, Etc City this application as porate name satisfies m do not qualify for	9. Name and Address of New Registered Agent 2.0. Box Number is Not Acceptable) State FL Date /0/22/55 Date /0/23/0, F.S. I further certify that when filing the requirements of section 807.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated