# P98THANSMITTALLEGIER 47438

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

	MPREHENSIV	E ELDERCA	RE SERVICE	ES, INC.
SUBJECT: (Proposed corporate name - must include suffix)				
800025353980 -05/26/9801092003 ****122.50 ****122.50  Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
Enclosed is an original a	and one(1) copy ar			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
EROM: GAYLE CELESTI				
FROM: Name (Printed or typed)				
10109 TWIN LAKES DEIVE				
CORAL SPRINGS, FL. 33071  City, State & Zip  Address  Coral Springs, FL. 33071  City, State & Zip				
954- 255- 9665  Daytime Telephone number				

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

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### NAME ARTICLE I

The name of the corporation shall be:

COMPRE HENSIVE

ELDERCARE SERVICES, INC.

## ARTICLE II PRINCIPAL OFFICE

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

10109 TWIN LAKES DRIVE CORAL SPRINGS FL. 33071

### ARTICLE III SHARES

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

2000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRES

The name and Florida street address of the initial registered agent are:

ROBERT J. HALL 10109 TWIN LAKES DR CORAL SPRINGS, FL. 33071

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

GAYLE CELESTI 10109 TWIN LAKES DR. CORAL SPRINGS, FL. 33071

Signature/Incorporator

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

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

JULI - ROBERT J. HALL
Signature/Registered Agent