



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/05/2001	200109301508	DOMESTIC ARTICLES/FOR PROFIT (ARF)	85.00	10.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

NEIL F. STANICH ET AL
2724 BERKSHIRE RD.
CLEVELAND HEIGHTS, OH 44106

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1220238

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

XCEL HEALTHCARE PROVIDERS INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200109301508



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 2nd day of April, A.D.
2001.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the **Forms Inventory List** (using the 3 digit form # located at the bottom of this form). To obtain the **Forms Inventory List** or for assistance, please

call Customer Service:

Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form

☒ Yes

ARTICLES OF INCORPORATION

(Under Chapter 1701 of the Ohio Revised Code)
Profit Corporation

RECEIVED

APR 02 2001

J. KENNETH BLACKWELL
SECRETARY OF STATE

The undersigned, desiring to form a corporation, for profit, under Sections 1701.01 et seq. of the Ohio Revised Code, do hereby state the following:

- FIRST. The name of said corporation shall be:
XCEL HEALTHCARE PROVIDERS INC.
- SECOND. The place in Ohio where its principal office is to be located is
CLEVELAND HTS, CUYAHOGA County, Ohio
(city, village or township)
- THIRD. The purpose(s) for which this corporation is formed is:
To enter into the health care field. To provide services for the elderly, disabled and mentally Retarded by abiding by all laws, rules and regulations set forth by the State of OHIO.
- FOURTH. The number of shares which the corporation is authorized to have outstanding is: 100
(Please state whether shares are common or preferred, and their par value, if any. Shares will be recorded as common with no par value unless otherwise indicated.)

IN WITNESS WHEREOF, we have hereunto subscribed our names, on 3-26-01
(date)

By: Neil F. Stanich, Incorporator
Name: NEIL F. STANICH

By: Bobbie Stanich, Incorporator
Name: Bobbie Stanich

By: _____, Incorporator
Name: _____



Prescribed by **J. Kenneth Blackwell**

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ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of XCEL HEALTHCARE PROVIDERS INC.
hereby appoint BOBBIE STANICH, to be statutory agent upon whom any process, notice or

demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

2724 BERTSHIRE ROAD
(street name and number)
CLEVELAND HTS., Ohio 44106
(city, village or township) (zip code)

By: Neil F. Stanich
Name: NEIL F. STANICH

By: Bobbie Stanich
Name: Bobbie Stanich

By: _____
Name: _____

ACCEPTANCE OF APPOINTMENT

The undersigned, BOBBIE STANICH, named herein as the statutory agent for,
XCEL HEALTHCARE PROVIDERS INC., hereby acknowledges and accepts the
appointment of statutory agent for said corporation.

By: Bobbie Stanich
Statutory Agent