KNOW ALL MEN BY THESE PRESENTS THAT

______________________________________, of ________________________________, as Principal

and ________________________________________, a surety bond company organized

under the laws of the State of ________ and licensed to do business in the State of Florida as Surety, are held and firmly bound unto the Department of Health and

Rehabilitative Services in the total penal sum of Twenty Thousand and 00/100 dollars

($20,000.00), lawful money of the United States of America, for which sum well and truly to

be paid said Principal and Surety bind themselves, their heirs, executors, administrators,

successors and assigns, jointly and severally firmly by these presents:

A. WHEREAS, the above named Principal is an adult congregate living facility as
defined in

Chapter 400, Part 11, Florida Statutes, and as such, is a licensee under Chapter 400, Part H,
Florida Statutes, and

B. WHEREAS, Chapter 400, Part 11, Florida Statutes, requires each adult congregate
living facility whose owner, administrator, staff, or representative thereof, serves as
representative payee or is granted power of attorney for a resident shall file a surety
bond with the department in an amount equal to twice the average monthly
aggregate income or personal funds due to residents or expendable from their
account plus the value of any other property of the resident, which is in fact under
the control of the person having power-of-attorney.

NOW, THEREFORE, the condition of this obligation is such that if the above named
Principal shall: (1) well and truly hold separately and in trust all residents' funds deposited
with Principal as adult congregate living facility and (2) shall administer said funds on
behalf of said residents in the manner directed by Chapter 400, Part H, Florida Statutes,
and (3) shall render true and complete accounts to the residents, the depositors and the
Obligee when requested, and (4) upon termination of each said deposit, shall account for all
funds received thereunder, expended and held on hand, then this obligation shall be null
and void, otherwise to remain in full force and effect.

This bond is executed and accepted subject to the following conditions: (1) The Department
of Health and Rehabilitative Services or, with the written consent of the Secretary of such
Department, any aggrieved resident or depositor, may maintain in his own name, an action
on the bond, to recover for principal's alleged breaches of the contract hereof, in any Court
of competent jurisdiction in the State of Florida. (2) This bond shall be effective as of 12:01
IN WITNESS WHEREOF, the parties hereto have affixed their hands and seals this _____ day of ___________________

__________________________________     ______________________________________
Principal's Representative              Surety Company's Representative

Upon issuance of renewal forward original to the address shown below. Upon cancellation or non-renewal advise office indicated below no less than 30 days in advance giving reason for such action.

THE OFFICE OF HEALTH CARE LICENSURE AND CERTIFICATION
ACLF SECTION
2727 Mahan Drive
Tallahassee, Florida 32308
INTEGRITY SURETY BOND APPLICATION

SECTION I: BOND APPLIED FOR:

TYPE OF BOND:

EFF.DATE: EXP.DATE:

AMOUNT:

OBLIGEE:

OBLIGEE ADDRESS:

SECTION II: GENERAL INFORMATION

APPLICANT’S NAME:

SS#: RESIDENTIAL ADDRESS:

HOME PHONE:

BUSINESS ADDRESS:

BUSINESS PHONE:

BUSINESS NAME:

DATE BUSINESS BEGAN UNDER CURRENT NAME:

BUSINESS TAX ID:

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE?

YES □ NO □ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU?

HAS APPLICANT EVER FAILED IN BUSINESS?

YES □ NO □ HAS APPLICANT EVER FILED BANKRUPTCY?

YES □ NO □

IF YES TO ANY, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER:

SECTION III: ADDITIONAL OWNERS / PARTNERS

APPLICANT’S NAME:

SS#: SPOUSE NAME

SPOUSE SS# HOME PHONE:

RESIDENTIAL ADDRESS:

STATEMENT OF ASSETS & LIABILITIES AS OF

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>LIABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH IN BANK $</td>
<td>NOTES PAYABLE TO BANKS $</td>
</tr>
<tr>
<td>CASH ON HAND $</td>
<td>NOTES PAYABLE TO OTHERS $</td>
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<tr>
<td>STOCKS &amp; BONDS $</td>
<td>ACCOUNTS PAYABLE $</td>
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<td>FEDERAL &amp; STATE INCOME TAX DUE $</td>
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<td>NOTES RECEIVABLE $</td>
<td>ALL OTHER TAXES $</td>
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<tr>
<td>INVENTORY $</td>
<td>ACCRUALS, PAYROLLS, ETC. $</td>
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<td>CASH VALUE OF LIFE INSURANCE $</td>
<td>DUE ON EQUIPMENT $</td>
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<tr>
<td>EQUIPMENT $</td>
<td>DUE ON REAL ESTATE $</td>
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<td>REAL ESTATE $</td>
<td>OTHER LIABILITIES $</td>
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<tr>
<td>OTHER ASSETS $</td>
<td>CAPITAL STOCK (IF A CORPORATION) $</td>
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<tr>
<td>OTHER ASSETS $</td>
<td>SURPLUS &amp; UNDIVIDED PROFITS $</td>
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<td>TOTAL ASSETS $</td>
<td>TOTAL LIABILITIES $</td>
</tr>
<tr>
<td>NET WORTH $</td>
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NAME OF OWNERS NAME & TITLE OF OFFICERS PERCENTAGE OF OWNERSHIP

Completion of this form constitutes permission to obtain consumer information which will be used to determine bonding eligibility. This information will be held in the strictest confidence. No premium financing will be accepted as premium is earned in full.

Integrity Bonds Inc Toll Free: (866) 420-2613
Local (480) 626-8916
E-Mail info@integritybonds.com Fax: (602) 674-8235