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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Premium Home Health Care, Inc.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time _____
 Mail out Will wait Photocopy Certified Copy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
 01 NOV 26 AM 11:01
 DIVISION OF CORPORATION

FILED
 01 NOV 26 PM 12:25
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Examiner's Initials

Date NOVEMBER 20, 2001

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re PREMIUM HOME HEALTH CARE, INC., Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

PREMIUM HOME HEALTH CARE, INC.

(name of corporation)

MAILING ADDRESS OF CORPORATION

8360 SW 40 ST., STE B

MIAMI, FLORIDA 33155

PHONE

(305) 608-9706

Area Code

Phone Number

Ext.

ARTICLES OF INCORPORATION

of
PREMIUM HOME HEALTH CARE, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

PREMIUM HOME HEALTH CARE, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	KARLA RODRIGUEZ		
ADDRESS	8360 SW 40 ST., STE B		
CITY	MIAMI	STATE	FLORIDA
		ZIP	33155

The principal office, if known, or the mailing address of the corporation is:

NAME	PREMIUM HOME HEALTH CARE, INC.		
ADDRESS	8360 SW 40 ST., STE B		
CITY	MIAMI	STATE	FLORIDA
		ZIP	33155

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	KARLA RODRIGUEZ	PRESIDENT
ADDRESS	8360 SW 40 ST., STE B	
CITY	MIAMI	STATE FLORIDA
		ZIP 33155
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	KARLA RODRIGUEZ		
ADDRESS	8360 SW 40 ST., STE B		
CITY	MIAMI	STATE	FLORIDA ZIP 33155
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 20 day of NOVEMBER, XX 2001

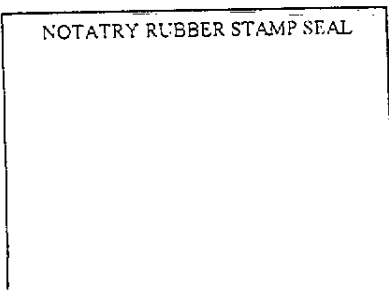
X Karla Rodriguez (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF MIAMI-DADE) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared: KARLA RODRIGUEZ

X Karla Rodriguez Signature FL DL#R362-500-77-954-0 Form of Identification
 _____ Signature _____ Form of Identification
 _____ Signature _____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that SHE executed these articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this 20 day of NOVEMBER, XX 2001

 Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

PREMIUM HOME HEALTH CARE, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 8360 SW 40 ST., STE B

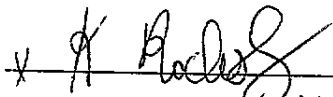
MIAMI, FLORIDA 33155

has named KARLA RODRIGUEZ

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

x 

(registered agent)

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01 NOV 26 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA