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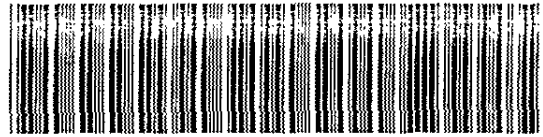
(Business Entity Name)

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5-5-03
197

TRANSMITTAL LETTER

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

SUBJECT: PAW HOME HEALTHCARE, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$78.75

FROM: ANDRZEJ PAWELEC
Name (printed or typed)

1149 GINGER CIR
Address

WESTON FL 33326-3633
City, State & Zip

954 270 9510
Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF
PAW HOME HEALTHCARE, INC.

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

ARTICLE I NAME

The name of the Corporation shall be: PAW Home Healthcare, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal office of the Corporation in the State of Florida shall be located in:

1149 Ginger Cir
Weston FL 33326-3633

County of Broward. The Corporation may have such other offices, either within or without the State of Florida as the Board of Directors may designate or as the business of the Corporation may require from time to time.

ARTICLE III PURPOSES

The purpose of this Corporation is for the healthcare services. The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the Corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

ARTICLE IV SHARES

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is: One Hundred (100) shares of common stock with a par value of One Dollar (\$1.00).

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Andrzej Pawelec
1149 Ginger Cir
Weston FL 33326-3633

ARTICLE VI INCORPORATOR

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

Andrzej Pawelec
1149 Ginger Cir
Weston FL 33326-3633

The undersigned incorporator has executed these Articles of Incorporation this Monday, April 21, 2003.

Signature

Andrzej Pawelec

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PAW HOME HEALTHCARE, INC.
2. The name and address of the registered agent and office is:


Andrzej Pawelec
(Name)

1149 Ginger Cir
(P.O. Box not acceptable)

Weston FL 33326-3633
(City/state/Zip)

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DIVISION OF CORPORATIONS
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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.


(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL