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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850)224-8870
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 APR 21 AM 10:45

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FLORIDA PROFIT/NON PROFIT CORPORATION

D & D HOMECARE, INC.

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T. Burch APR 24 2006

ARTICLES OF INCORPORATION
OF
D & D HOMECARE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 is **D & D HOMECARE, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **316 S.E. 10TH Avenue, Unit C, Pompano Beach, FL 33060**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Marquetta Caball, 316 S.E. 10TH Avenue, Unit C, Pompano Beach, FL 33060**

ARTICLE V: INCORPORATOR

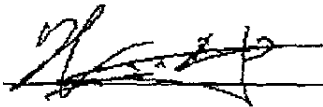
The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.**

ARTICLE VI: OFFICERS & DIRECTORS

The name and address of the initial Officer and Director of the corporation is:
Marquetta Cahall, Director, 316 S.E. 10TH Avenue, Unit C, Pompano Beach, FL 33060
Pauline M. Philips-Soso, Director, 11480 N.W. 45 St., Coral Springs, FL 33061

The undersigned has executed these Articles of Incorporation this 21st day of April 2006.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: _____
D & D HOMECARE, INC.

2. The name and street address of the registered agent and office is: _____
Marquette Cahall, 316 S.E. 10TH Avenue, Unit C
Pompano Beach, FL 33060

HAVE 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.

Marquette Cahall, R.N.