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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
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DIVISION OF CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION

MOUNT SINAI HOME HEALTH CARE, INC

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MOUNT SINAI HOME HEALTH CARE, INC

The principal place of business of this corporation shall be:

14505 Commerce Way

Suite # 514

Miami Lakes, Florida 33014

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

100 Shares @ 1.00/Par Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Yeny De Erbiti (Administrator/President)
8100 West 18th Lane
Hialeah, Florida 33014

50% Shares

Osmani Placencia (Director)
16325 N.W. 11th Street
Pembroke Pines, Florida 33028

50% Shares

ARTICLE VI INCORPORATOR(S)

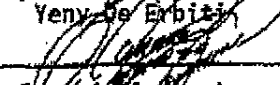
The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Yeny De Erbiti
Osmani Placencia
14505 Commerce Way
Unit # 514
Miami Lakes, Florida 33014

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)
executed these Articles of Incorporation this, 21 day
of June, 2006

Signature(s) of Incorporator (s)



Yeny De Erbiti


Osmani Placencia


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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

MOUNT SINAI HOME HEALTH CARE, INC

2. The name and address of the registered agent and office is :

Yeny De Erbiti

14505 Commerce Way Unit # 514

(P.O. BOX NOT ACCEPTABLE)

Miami Lakes, Florida 33014

(CITY/STATE/ZIP)

Signature

Yeny De Erbiti
Yeny De Erbiti

Title

President

Date 6/21/06

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Yeny De Erbiti
Yeny De Erbiti

DATE

6/21/06