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Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**COMPLETE HOME HEALTH CARE, INC.**

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March 12, 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPRESS

SUBJECT: COMPLETE HOME HEALTH CARE, INC.  
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

COMPLETE CARE HOME HEALTH, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5511 SW 5 ST  
MIAMI, FL 33134**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

SHARES : 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MARILU SANTIESTEVEZ (P/D)  
5511 SW 5 ST  
MIAMI, FL 33134**ARTICLE VI REGISTERED AGENT**The ~~name~~ and Florida street address (P.O. Box NOT acceptable) of the registered agent is:MARILU SANTIESTEVEZ  
5511 SW 5 ST  
MIAMI, FL 33134**ARTICLE VII INCORPORATOR**The ~~name~~ and address of the Incorporator is:MARILU SANTIESTEVEZ  
5511 SW 5 ST  
MIAMI, FL 33134

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

(X) Martín Santiestevé  
Signature/Registered Agent

03-07-07

Date

(X) Martín Santiestevé  
Signature/Incorporator

03-07-07

Date

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