

P95000043744

ARIEL A. LORIE ACCOUNTING SERVICES, INC.
18876 LA COSTA LN. BOCA RATON, FL 33496
(407) 487-3894

MAY 23RD 1995

FILED
95 MAY 30 PM 3:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

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-05/30/95--01090--010
****122.50 ****122.50

REF: NEW CORP

GENTLEMEN:

ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION FOR:
FLORIDA PROFESSIONAL HOME HEALTH INC
ALSO ENCLOSED IS A CHECK IN THE AMOUNT OF \$122.50 COVERING
THE VARIOUS FEES.

PLEASE MAIL THE CERTIFICATION AND ANY CORRESPONDENCE TO
THE ABOVE ADDRESS. THANK YOU.

YOURS TRULY,

Ariel A. Lorie
ARIEL A. LORIE
ACCOUNTANT

SDB

CERTIFICATE OF INCORPORATION

-of-

Florida Professional Home Health Inc.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

Florida Professional Home Health Inc.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

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

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

8746 NW 149 Terrace

Miami, Florida 33016

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ARTICLE VII

The number of Directors of this corporation shall be at least one and no more than five (5).

ARTICLE VIII

The names and street addresses of the members of the first Board of Directors of this Corporation are as follows:

Mayra C. Quinones 8746 NW 149 Terr. Miami, Fl 33016
Angel M. Caneti 7010 NW 186 St. #305 Miami Lakes, Fl

ARTICLE IX

The name and street address of the persons signing these Articles of Incorporation as subscriber is as follows:

Mayra C. Quinones 8746 NW 149 Terr. Miami, Fl 33016
Angel M. Caneti 7010 NW 186 St #305 Miami Lakes, Fl

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, Mayra C. Quinones
AND Angel M. Caneti, both being natural persons, competent to contract, has hereunto set their hands and seals this 11th day of March, 1995.

Mayra C. Quinones (SEAL)

Angel M. Caneti (SEAL)

STATE OF FLORIDA)

)SS

COUNTY OF BROWARD)

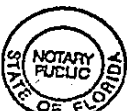
BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared Mayra C. Quinones and Angel M. Caneti, to me well known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 11th day of March, 1995.

Isabel Duany
Notary Public, State of Florida

(NOTARY SEAL)

My Commission Expires: 5/27/95



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is
submitted, in compliance with said Act:

FIRST: That Florida Professional Home Health Inc desiring to
organize under the laws of the State of Florida with its principal
offices as indicated in the Articles of Incorporation, in the City
of Miami, County of Dade,
State of Florida, has named Mayra C. Quinones, located
at 8746 NW 149 Terrace, Miami,
Florida, 33016, as its agent to accept services of process
within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above
stated corporation, at the place designated in this certificate, I hereby
accept to act in this capacity, and agree to comply with the provisions of said
Act relative to keeping open said office.

By:

Mayra C. Quinones
Resident Agent

95 MAY 30 PM 3:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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