

P960000094400

Date November 12, 1996

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

Re: AJMSOUTH HOME-HEALTH SERVICES, Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

600002004436--7
-11/14/96--01048--012
****122.50 ****122.50

x Aileen J. Moore RN
(individual's name)

Aileen J. Moore, RN.

AJMSOUTH HOME-HEALTH SERVICES, INC.
(name of corporation)

MAILING ADDRESS OF CORPORATION		
Aileen J. Moore, RN.		
AJMSOUTH HOME-HEALTH SERVICES, INC.		
5099 NW 104th Avenue		
Coral Spring, FL 33076-1752		
PHONE		
(954)	244-3056	
Area Code	Number	Ext.

ag 11/19/96

ARTICLES OF INCORPORATION

of

AJMSOUTH HOME-HEALTH SERVICES, INCORPORATED
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

AJMSOUTH HOME-HEALTH SERVICES, INCORPORATED

ARTICLE II - DURATION

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

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1,000 shares (0) of 0
Dollar(s) (\$ No) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME Aileen J. Moore, RN., "AJMSOUTH HOME-HEALTH SERVICES, INC."		
ADDRESS 5099 NW 104th Avenue		
CITY Coral Spring	FLORIDA 33076-1752	ZIP

The name and street address of the Initial Registered Agent of this Corporation is:

NAME Aileen J. Moore, RN.		
ADDRESS 5099 NW 104th Avenue		
CITY Coral Spring	FLORIDA	ZIP 33076-1752

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME Aileen J. Moore, RN		
ADDRESS 5099 NW 104th Avenue		
CITY Coral Spring	STATE Florida	ZIP 33076-1752
NAME -0-		
ADDRESS -0-		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Aileen J. Moore, RN		
ADDRESS	5099 NW 104th Avenue		
CITY	Coral Spring	STATE	Florida
		ZIP	33076-1752
NAME	N/A		
ADDRESS	N/A		
CITY	N/A	STATE	
		ZIP	
NAME	N/A		
ADDRESS	N/A		
CITY	N/A	STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 12 day of November, 1996.

x Aileen J. Moore RN (Seal)

____ (Seal)

____ (Seal)

STATE OF FLORIDA

COUNTY OF Dade

SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Aileen J. Moore, RN

N/A

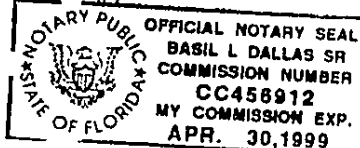
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that She executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 12 day of November, 1996.

(Notary Seal)

Basil L. Dallas, Sr.
(Notary Public, State of Florida at Large)

My Commission expires:



CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

AJMSOUTH HOME-HEALTH SERVICES, INCORPORATED
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 5099 NW 104th Avenue,

Coral Spring, FL 33076-1752

has named Aileen J. Moore, RN.

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

x Aileen J. Moore
(registered agent)