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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
COMPREHENSIVE HOME CARE OF BROWARD, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: COMPREHENSIVE HOME CARE OF BROWARD, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 6450 NW 5th Way, Ft. Lauderdale, FL 33309.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are David J. Menkhaus, 2424 North Federal Highway, Suite 456, Boca Raton, FL 33431.

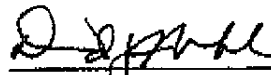
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 as provided for in Chapter 608, F.S..



(Signature)

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by its four (4) managing members and is, therefore, a member-managed company.



David J. Menkhaus, Registered Agent

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE