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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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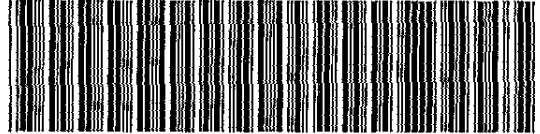
CHANGE EFFECT DATE

CORRECT TO 3/27

DATE 3/29/06

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 MAR 27 PM 2:37

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DIVISION OF REGISTRATION

06 MAR 27 PM 10:37

Charter Number Only

3/10/06 Connie  
Costa & Associates  
Requestor's Name  
7330 W 20 Ave  
Address  
Miami Lakes FL 33016  
City State ZIP Phone  
(305) 827-0100

VALIDATION ONLY


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TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Medi-Pro Home-Care Services, Inc.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                             |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                               |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report   | <input checked="" type="checkbox"/> Other <u>Conversion</u> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent         |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal             |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem                    |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> After 4:30      | <input type="checkbox"/> After 4:30                         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up                 |
| <input type="checkbox"/> Will Wait           | <input type="checkbox"/> Mail Out        | <input type="checkbox"/> Mail Out                           |

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Empire Toll Free: 1-800-432-3028

**Certificate of Conversion**  
**For**  
**"Other Business Entity" known as**  
**"Medi-Pro Home-Care Services, Inc."**  
**Into**  
**"Medi-Pro Home-Care Services, LLC**  
**a Florida Limited Liability Company**

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2006 MAR 27 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following other business entity known as Medi-Pro Home-Care Services, Inc. into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  
Medi-Pro Home-Care Services, Inc. P04000000613
2. The "Other Business Entity" is a Florida Corporation first organized, formed or incorporated under the laws of Florida on 12/31/03.
3. If the jurisdiction of the "Other Business Entity" was changed, the state or county under the laws of which it is now organized, former or incorporated:  
N/A Florida
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
Medi-Pro Home-Care Services, LLC., a Florida Limited Liability Company.
5. If not effective on the date of filing, enter the effective date: 3/23/06. 27

Signed this 22<sup>nd</sup> day of March, 2006

1. Signature of Authorized Person: Helen C. Costa, as Managing Member of  
Medi-Pro Home-Care Services, LLC
2. Signature of Authorized Person: Helen C. Costa, as President of  
Medi-Pro Home-Care Services, Inc.

**ARTICLES OF ORGANIZATION  
FOR  
Medi-Pro Home-Care Services, LLC  
A Florida Limited Liability Company**

The undersigned, as a Member of **Medi-Pro Home-Care Services, LLC**, a Florida Limited Liability Company does execute these Articles of Organization for the purpose of forming a Limited Liability Company pursuant to Chapter 608 of the Florida Statutes.

**ARTICLE I**

The name of the Limited Liability Company is: **Medi-Pro Home-Care Services, LLC**

**ARTICLE II**

**ADDRESS OF PRINCIPAL OFFICE AND MAILING ADDRESS**

7330 West 20<sup>th</sup> Avenue  
Miami Lakes, Florida 33016

**ARTICLE III**

The purpose for which this Limited liability Company is organized is to own, invest, manage, control, operate and develop health agency and real property investments.

**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE**

Helen C. Costa, Esq.  
7330 West 20<sup>th</sup> Avenue  
Miami Lakes, Florida 33016

*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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**ARTICLE V  
MANAGING MEMBER(S):**

The name and address of the Managing Member is as follows:

**Title:**

Managing Member  
(MGRM)

**Name and Address:**

Helen C. Costa  
7330 West 20<sup>th</sup> Avenue  
Miami Lakes, Florida 33016

**ARTICLE VI  
EFFECTIVE DATE**

<sup>27<sup>th</sup></sup>  
March ~~23<sup>rd</sup>~~, 2006

In Witness whereof, Helen C. Costa, the Managing Member of **Medi-Pro Home-Care Services, LLC**, has hereunto executed these Articles of Organization this 22<sup>nd</sup> day of March 2006.

  
\_\_\_\_\_  
Helen C. Costa, MANAGING MEMBER

(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.)