PODDOODO STRANSMITTAL LETTER

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

300003435843₀₀₈9 -10/23/00-071263₀₀₈9 ******87.50 *****87.50

SUBJECT:

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Co & Certificate Status PY REQUIRE	e of
FROM: Barbora P Doyley Name (Printed or typed) Page 18				
	3130 SW	64 Terra	ice !	FI 00 OCT 2; SLONETAG ALLAHASS
	Miranar City, S	tate & Zip	023	TOF STA
	954 g Daytime Tel	66 4880 Dephone number	4	5

NOTE: Please provide the original and one copy of the articles.

2 10/24/00

'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:	
DENBAR HOME HEALTH AGENCY A ARTICLE II PRINCIPAL OFFICE	The.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
6272 Miranar Phin	
Mramar DI 33003	0
The purpose for which the corporation is organized is: Any or all lawful Heath care beginness	0 OCT :
ARTICLE IV SHARES	FILED
The number of shares of stock is:	و ت
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	
Scarefact Scarefact Barbara P Soyley CArol Jacobs RN 3122 CAROL Jacobs RN	na n
34 15 NW 180 ST	
ARTICLE VI REGISTERED AGENT	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
The name and Florida street address of the registered agent is: HUDELL J. SHAND	-
2170 N.W. 82rd Way Sunnse, FR 33322	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Barbara Dovley	<u>-</u> ·
3130 SW 64 Terrace Miram AF TP 33013	
**************************************	***** pated in this
Midely Shand	
Signature/Registered Agent Date	<u>-</u>
10/17/00	2
Stellature/Incorporator Date/	