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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

LOVING HEALTH CARE, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF INCORPORATION
OF
LOVING HEALTH CARE, INC.,**

We, the undersigned, hereby make, subscribe and acknowledge this Certificate of Incorporation for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be:

LOVING HEALTH CARE, INC.,

and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be to transact any lawful business for which corporations may be incorporated under the laws of the State of Florida and to have all other powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of 100 shares of \$1.00 Dollar par value.

4. The principal office of the corporation shall be:

4100 N.W. 135th Street, Bay 5B, Opa Locka, FL 33054.

5. The amount of capital with which the corporation shall begin business is Two Thousand Dollars (\$2,000.00).

6. The number of the directors shall be at least one (1) and the name and post office address of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
Ida Espinosa	President/Secretary	4100 N.W. 135th St. Bay 5B Opa Locka, FL 33054

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7. The name and post office address of the subscribers to this Certificate of Incorporation, the number of shares they agree to take and the consideration thereof, the proceeds of which will amount to at least Two Thousand Dollars is as follows:

<u>NAME</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
Ida Espinosa	100	\$2,000.00

8. The corporation designates IDA ESPINOSA, 4100 S.W. 135th Street, Bay 5B, Opa Locka, FL 33054, as its Resident Agent, to accept service of process within this State.

IN WITNESS WHEREOF, the undersigned hereby subscribed to this Certificate of
Incorporation at Miami, Dade County, Florida, this 15 day of December, 2000.

Ida Espinosa
IDA ESPINOSA

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CAPITAL CONNECTION

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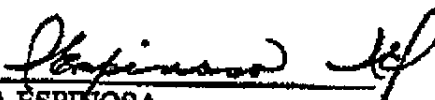
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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED**

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

First that LOVING HEALTH CARE, INC., desiring to organize under the laws of the State of Florida with its principal offices as indicated in the Certificate of Incorporation at 4100 N.W. 135th Street, Bay 5B, Opa Locka, County of Miami-Dade, State of Florida, 33054, has named IDA ESPINOSA, 4100 N.W. 135th Street, Bay 5B, Opa Locka, Florida, 33054, as Registered Resident Agent to accept Service of Process within this State.

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.


IDA ESPINOSA

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STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared IDA ESPINOSA, sole subscriber, to me known to be the person described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that she subscribed thereto and did so for the purpose and uses therein mentioned and that IDA ESPINOSA consented to the appointment as Registered Resident Agent of the corporation to accept service of process within the State.

The foregoing instrument was acknowledged before me this 15th day of December, 2000, by IDA ESPINOSA who is personally known to me or who provided FL Driver's License as identification who did (did not) take an oath.

MY COMMISSION EXPIRES:

Peter Abrams
NOTARY PUBLIC



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