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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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FLORIDA PROFIT CORPORATION OR P.A.

ACTION HOME CARE INC

Certificate of Status	0
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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:

ACTION HOME CARE INC**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**4211 SW 106 TERRACE
DAVIE, FLORIDA 33328****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANYTHING UNDER THE LAWS OF THE STATE
OF FLORIDA.****ARTICLE IV SHARES**The number of shares of stock is: **100 SHARES****ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**The name(s) and address(es): **JOSEPH S. SCOTTALINE
4211 SW 106 TERRACE
DAVIE, FLORIDA 33328****ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

**JOSEPH S. SCOTTALINE
4211 SW 106 TERRACE
DAVIE, FLORIDA 33328****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**JOSEPH S. SCOTTALINE
4211 SW 106 TERRACE
DAVIE, FLORIDA 33328**

Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

3/5/01

Signature/Incorporator

Date

3/5/01

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HALL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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