

P01000037704

TRANSMITTAL LETTER

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

300003972523--6
-04/09/01--01077--023
*****78.75 *****78.75

SUBJECT: SPECIALTY CARE ASSISTANCE, CORP.
(proposed corporate name)

Enclosed is an original and (1) copy of the articles of corporation and our check for: \$ 78.75.

FROM: JOSE ROJAS
Name(printed or type)
330 PAULS DRIVE
Address
BRANDON, FL 33511
City, State, & Zip
(813)-657-4999
Telephone Number

FILED
01 APR -9 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please provide the original and copy of the Articles.

gr 4/13

ARTICLES OF INCORPORATION
OF

SPECIALTY CARE ASSISTANCE, CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SPECIALTY CARE ASSISTANCE, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

330 PAULS DRIVE
BRANDON, FL 33511

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 Shares with par value of \$1.00

ARTICLE IV INITIAL REGISTERED
AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE ROJAS
330 PAULS DRIVE
BRANDON, FL 33511

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Corporation is(are):

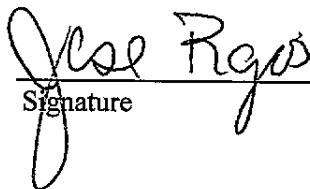
JOSE ROJAS- (1000 shares)-330 PAULS DRIVE
BRANDON, FL 33511

ARTICLE VI PURPOSE

The purpose of this corporation is:

Non residential services "NRS" Companion and Respite Care

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
29 day of March, 2001.



Signature

Articles of Incorporation
Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: SPECIALTY CARE ASSISTANCE, CORP.

2. The name and address of the registered agent and office is:

JOSE ROJAS
(NAME)

330 PAULS DRIVE
(P.O. BOX NOT ACCEPTABLE)

BRANDON, FL 33511
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. 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.

SIGNATURE

DATE

Jose Rojas
3/29/01

01 APR -9 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED