PE100045313

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

SUBJECT: TOTAL HOME CARE, INC.

(Proposed corporate name -must include suffix)

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

\$78.75 Filing fee and Certificate

FROM : JUDITH A. MERRITT (Name)

2202 BEACH PARKWAY WEST (Address)

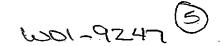
CAPE CORAL, FLORIDA 33914 (City, State & Zip) 600004043106--0 -04/23/01--01042--004 *****78.75 *****78.75

941-541-9511 Daytime Telephone number

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

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SECRETARY OF STATE
ANACCES ELORIDA

G. BULLOCK MAY - 7 2001





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 24, 2001

JUDITH A MERRITT 2202 BEACH PARKWAY WEST CAPE CORAL, FL 33914

SUBJECT: TOTAL HOME CARE, INC.

Ref. Number: W01000009247

We have received your document for TOTAL HOME CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock Document Specialist New Filing Section

Letter Number: 701A00024279

ARTICLES OF INCORPORATION

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:

HOME-WATCH SERVICES WITH MERRITT, INC.

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SECRETARY OF STATE
AND ANASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

2202 BEACH PARKWAY WEST CAPE CORAL, FLORIDA 33914

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUDITH A. MERRITT 2202 BEACH PARKWAY WEST CAPE CORAL, FLORIDA 33914

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

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

JUDITH A. MERRITT 2202 BEACH PARKWAY WEST CAPE CORAL, FLORIDA 33914

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this: 30TH DAY OF APRIL 2001

(An additional article must be added if an effective date is requested)

Signature
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

HOME-WATCH SERVICES WITH MERRITT, INC.

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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

A. Nevull

JUDITH A. MERRITT 2202 BEACH PARKWAY WEST CAPE CORAL, FLORIDA 33914

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. 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 and registered agent.

(Signature)

Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314