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ACCOUNT NO. : 072100000032

REFERENCE : 393561 7187578

AUTHORIZATION :

Patricia Pizib

COST LIMIT : \$ 70.00

ORDER DATE : August 6, 2001

ORDER TIME : 10:38 AM

ORDER NO. : 393561-025

CUSTOMER NO: 7187578

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CUSTOMER: Cynthia A. Mikos, Esq
Cynthia A. Mikos, P.A.

205 N. Parsons Avenue

Brandon, FL 33510

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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OMNI HOME HEALTH-HERNANDO,
INC.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young - EXT. 1112

EXAMINER'S INITIALS:

158/6/01

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**ARTICLES OF INCORPORATION
OF
OMNI HOME HEALTH - HERNANDO, INC.**

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The undersigned incorporator, for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Article I -- Name

The name of the corporation shall be: OMNI HOME HEALTH - HERNANDO, INC.

Article II -- Principal Office

The initial principal office and mailing address for the corporation is:

33920 US Hwy. 19 North, Suite 390
Palm Harbor, FL 34684

Article III -- Purpose

The corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

Article IV -- Shares

The corporation is authorized to issue 10,000 shares of \$0.01 par value common stock.

Article V -- Initial Registered Agent and Street Address

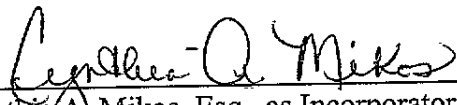
The name and address of the initial registered agent of the corporation is:

Cynthia A. Mikos, Esq.
Cynthia A. Mikos, P.A.
205 N. Parsons Ave., Suite A
Brandon, FL 33510-4515

Article VI -- Incorporator

The name and address of the sole incorporator of the corporation is:

Cynthia A. Mikos, Esq.
Cynthia A. Mikos, P.A.
205 N. Parsons Ave., Suite A
Brandon, FL 33510-4515



Cynthia A. Mikos, Esq., as Incorporator

Date: Aug. 3, 2001

Certificate

Having been named as a 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 as registered agent.

Cynthia A. Mikos
Cynthia A. Mikos, Esq., as Registered Agent

Date: Aug 3, 2001

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SECRETARY OF STATE
TALLAHASSEE FLORIDA