

FROM : COMMUNITY HEALTH CARE CENTER
Division of Corporations

FAX NO. : 305-826-2165

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : MEDGUARD BUSINESS CENTER, INC.
Account Number : I19990000019
Phone : (305) 389-2049
Fax Number : (305) 826-2165

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 SEP 24 PM 3:27

FLORIDA PROFIT CORPORATION OR P.A.

Carely Home Care, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Articles of Incorporation

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

ARTICLE I NAME

The name of the corporation shall be:
Carely Home Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
**650 S.W. 65th Avenue
Miami, Florida 33144**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are:
**Jose Miguel Ortiz
670 West 72nd Place
Hialeah, Florida 33014**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**Jose Miguel Ortiz - DP
670 West 72nd Place
Hialeah, Florida 33014**


Signature Incorporator


Date

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

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 as registered agent.


Signature Registered Agent


Date

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