Florida Department of State Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634~3694 Fax Number : (305)633~9696

FLORIDA PROFIT CORPORATION OR P.A.

Home Care Solutions Nursing Registry Inc

Certificate of Status	0
Certified Copy	1
Page Count	. 04
Estimated Charge	\$78.75

1 of 2

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ARTICLES OF INCORPORATION

Incompliance with Chaper 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Home Care Solutions Nursing Registry Inc.

ARTICLE II PRINCIPAL OFFICE

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

4800 W. Commercial Blvd., Tamarac, FL 33319

ARTICLE III PURPOSE:

Send unskilled home health aides, certified nursing assistants, homemakers/ companions staff into patients homes and healthcare facilities.

ARTICLE IV SHARES:

1000

ARTICLE V INITIAL DIRECTORS OFFICERS

The names and addresses:

Pamella Baldwin, 4800 W. Commercial Blvd., Tamarac, FL 33319

Claudia Wechter, 4800 W. Commercial Blvd., Tamarac, FL 33319

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Pamella Baldwin

4800 W. Commercial Blvd., Tamarac, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Claudia Wechter

4800 W. Commercial Blvd., Tamarac, FL 33319

Having been named as registered agent to accept service of process for the above stated corpo-

ration at 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

Sanature/Incorporator

Date

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so.q