

Pg 10001/2580

TRANSMITTAL LETTER

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

SUBJECT: PINES HOME HEALTH CARE SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600004691706--2
-11/21/01--01104--001
*****87.50 *****87.50

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LYDIA T. AGUINALDO
Name (Printed or typed)

12555 ORANGE DRIVE, SUITE 271
Address

DAVIE, FLORIDA 33330
City, State & Zip

(954) 862-1471 EXT. 1066
Daytime Telephone number

FILED
01 NOV 21 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10-28-01
JGC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
01 NOV 21 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PINES HOME HEALTH CARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

12555 ORANGE DRIVE SUITE 271
DAVE, FLORIDA 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE HOME HEALTH SERVICES, SUCH AS SKILLED NURSING,
HOME HEALTH AIDE, PHYSICAL, OCCUPATIONAL & SPEECH THERAPY.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

SEE ATTACHMENT 1

ARTICLE VI REGISTERED AGENT

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

LYDIA AGUINALDO
1091 NW 157H AVE
PEMBROKE PINES, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SEE ATTACHMENT 2

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

Lydia Aguinardo (LYDIA AGUINALDO)
Signature/Registered Agent

11-19-01
Date

Remedios T. Badar (REMEDIOS T. BADAR)
Signature/Incorporator

Date

RAYMUNDO TABLADA

Maluisa Gatmaitan (MALUISA GATMAITAN)
Signature/Incorporator

11/19/01
Date

Masocorido Brutus (MASOCORIDO BRUTUS)
Signature/Incorporator

ATTACHMENT: 1 (ONE)

ARTICLE V - INITIAL OFFICERS:

LYDIA AGUINALDO — PRESIDENT
1091 NW 157TH AVE.
PEMBROKE PINES, FL 33028

RAYMUNDO TABLADA — TREASURER
1081 NW 157TH AVE
PEMBROKE PINES, FL 33028

MASOCORRO BRUTUS — SECRETARY
7972 TROPICANA DRIVE
MIRAMAR, FL 33023

MALUISA GATMAITAN — DIRECTOR
15470 NW 11TH STREET
PEMBROKE PINES, FL 33028

REMEDIOS T. BADAR — DIRECTOR
128 AUGUSTA DRIVE
PALOS HEIGHTS, IL 60463

ATTACHMENT 2 (TWO)

ARTICLE VII - INCORPORATORS

- ① LYDIA AGUINALDO
1091 NW 157TH AVE
PEMBROKE PINES, FL 33028
- ② RAYMUNDO TABLADA
1081 NW 157TH AVE
PEMBROKE PINES, FL 33028
- ③ MASOCORRO BRUTUS
7972 TROPICANA DRIVE
MIRAMAR, FL 33023
- ④ MALUISA GATMATTAN
15470 NW 11TH STREET
PEMBROKE PINES, FL 33028
- ⑤ REMEDIOS T. BADAR
128 AUGUSTA DRIVE
PALOS HEIGHTS, IL 60463