

PO 2000049649

TRANSMITTAL LETTER

FILED  
02 APR 30 PM 5:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Absolute Home Health Care, Inc  
(Group name, State name - must include suffix)

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: <sup>NARVAEZ</sup> Naivara Hegert, CPA  
Name (printed or typed)

1813 N. Dean Rd #104  
Address

Orlando, FL 32817  
City, State & Zip

407-382-6658  
Daytime Telephone number

200005392082--1  
-04/30/02--01048--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

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**ARTICLES OF INCORPORATION OF  
Absolute Home Health Care, Inc.**

The undersigned, acting as Incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such a corporation:

**ARTICLE I  
Name**

The name of the corporation shall be Absolute Home Health Care, Inc.

**ARTICLE II  
Duration**

The corporation shall have perpetual existence.

**ARTICLE III  
Purpose**

The purpose of the corporation is to engage in any activities of business permitted under the laws of the United States and of Florida.

**ARTICLE IV  
Capital Stock**

The corporation is authorized to issue 1,000 shares of common stock, at a par value of ONE (\$1.00) DOLLAR PER SHARE. The corporation is authorized to issue only one type of stock.

**ARTICLE V  
Initial Registered Office and Agent**

The name and address of the initial registered agent and office of the corporation is Manuel Medina which resides at 2890 Egrets Landing Dr Lake Mary, FL 32746.

The business address is 2890 Egrets Landing Dr Lake Mary, FL 32746.

**ARTICLE VI  
Initial Board of Directors**

The corporation shall have ONE (1) director initially. The number of directors may be increased or decreased from time to time by amendment of the bylaws in the manner provided by law, but shall never be less than ONE (1). The name and address of the person who is to serve, as the initial director is Manuel Medina, which resides 2890 Egrets Landing Dr Lake Mary, FL 32746

**ARTICLE VII  
Incorporator**

The name and address of the incorporator is Manuel Medina, which resides at 2890 Egrets Landing Dr Lake Mary, FL 32746

**ARTICLE VII  
Bylaw Amendment**

The power to adopt, alter, amend, or repeal the bylaws of this corporation shall be vested in the Board of Directors.

**ARTICLE IX  
Indemnification**

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

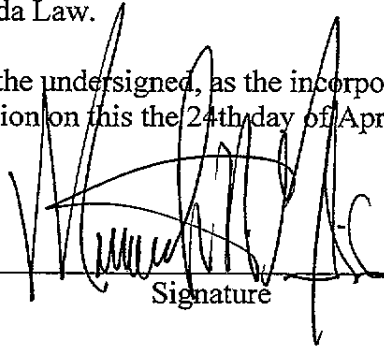
**ARTICLE X  
Informal Action of Directors**

If all of the directors severally or collectively consent in writing to any action take or to be taken by the corporation, and the writing evidencing their consent is filed with the secretary of the corporation, the action shall be valid as through it had been authorized at a meeting of the Board of Directors.

**ARTICLE XI  
Amendment of Articles**

This corporation reserves the right to adopt, alter, amend, or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, in accordance with Florida Law.

Whereas, the undersigned, as the incorporators, has executed these Articles of Incorporation on this the 24th day of April, 2002.

	Manuel Medina	4.25.02
Signature	Print Name	Date
_____	_____	_____
_____	_____	_____

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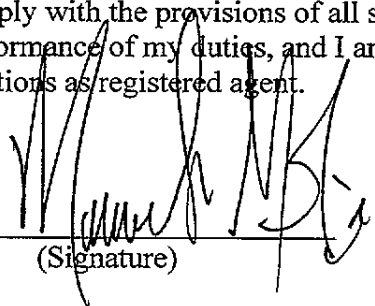
**Certificate of Designation of Registered Agent/Registered Office**

PURSUANT TO THE PROVISION OF SECTION 607.0501 OR 617.0501, FLORIDA STATUES, 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 Absolute Home Health Care, Inc.
2. The name and address of the registered agent and officer is:

Manuel Medina  
2890 Egrets Landing Dr.  
Lake Mary, FL 32746

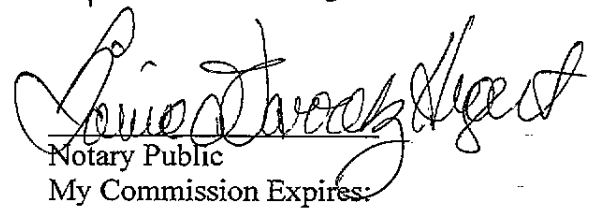
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent.


  
\_\_\_\_\_  
(Signature)

4.25.02  
(Date)

Before me, the undersigned authority, personally appeared, to me known as the person who executed the foregoing Articles of Incorporation, and acknowledged to and before me that he executed such instrument.

Wherefore, I have hereunto set my hand and seal this 25<sup>th</sup> day of April, 2000.2

  
\_\_\_\_\_  
Notary Public  
My Commission Expires:

 Sonia Narvaez Hegert  
Commission # DD 044294  
Expires July 23, 2005  
Bonded Thru  
Atlantic Bonding Co., Inc.