

FROM :

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Sep. 12 2002 12:55AM P1

Division of Corporations

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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 : BEST MEDICAL REHABILITATION, INC.  
Account Number : I19990000019  
Phone : (305)345-7448  
Fax Number : (305)644-7748

**FLORIDA PROFIT CORPORATION OR P.A.**

**Cira Home Care Inc.**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

FROM :

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Sep. 12 2002 12:56AM P2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:  
Cira Home Care Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
870 N.E. 5th Street  
Hialeah, Florida 33010

### 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

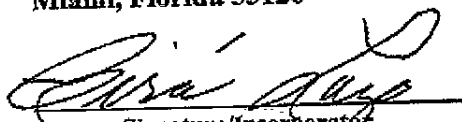
The name and Florida street address of the initial registered agent are:  
Cira Lazo  
4051 N.W. 5th Street  
Miami, Florida 33126

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:  
Cira Lazo  
4051 N.W. 5th Street  
Miami, Florida 33126

### ARTICLE VI OFFICERS AND DIRECTORS

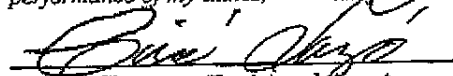
Cira Lazo- DP  
4051 N.W. 5th Street  
Miami, Florida 33126

  
Signature/Incorporator

09/12/02  
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

09/12/02  
Date

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