

Florida Department of State

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FLORIDA PROFIT CORPORATION OR P.A.

NEW AGE HOME HEALTH CARE INC.

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10/30/2002

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ARTICLES OF INCORPORATION FOR

NEW AGE HOME HEALTH CARE INC.

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

The name of the corporation shall be:

NEW AGE HOME HEALTH CARE INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

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

6850 CORAL WAY SUITE 409 MIAMI, FL 331*55*

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$1.00 Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation:

SECRETARY OF STAIL

ARTICLE VI

The name(s) and address(es) of the initial Registered Agent of this corporation shall be:

AMERICA GRAVERAN 6850 CORAL WAY SUITE 409 MIAMI, FL 88155

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

AMERICA GRAVERAN (P) 6850 CORAL WAY SUITE 409 MIAMI, FL 33155

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

AMERICA GRAVERAN 6850 CORAL WAY SUITE 409 MIAMI, FL 33155

The undersigned has executive these Articles of Incorporation this 30Th day of OCT, 2002

CERTIFICATE OF DESIGNATION PEGISTERED AGENT/REGISTERED DEFICE

HAVING-BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HERBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I PURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTLES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED ACREST - INCORPORCATOR

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