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(City/State/Zip/Phone #)

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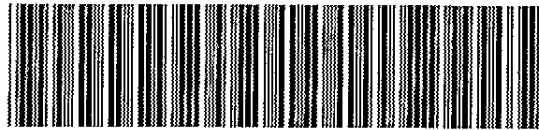
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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VI

**TRANSMITTAL LETTER**

**DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314**

**SUBJECT: GUARDIAN HOME HEALTH, INC.**

**ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF  
INCORPORATION AND A CHECK FOR:**

**X \$78.75  
FILING FEES  
& CERTIFIED COPY**

**FROM: ELAINE DECUITHS  
12452 BARROW ST  
SPRING HILL, FL 34609**

**PHONE: 352-688-8832**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 10, 2003

ELAINE DECUITIIS  
12452 BARROW ST  
SPRING HILL, FL 34609

SUBJECT: GUARDIAN HOME HEALTH, INC.  
Ref. Number: W03000006823

We have received your document for GUARDIAN HOME HEALTH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram  
Document Specialist  
New Filings Section

Letter Number: 503A00015005

**EFFECTIVE DATE**  
**4-25-2003**

**ARTICLES OF INCORPORATION**

**I, THE UNDERSIGNED, HEREBY ORGANIZE FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, BY AND UNDER THE PROVISIONS OF THE STATUTES OF THE SAID STATE OF FLORIDA. PROVIDING FOR THE FORMATION, RIGHTS, PRIVILEGES, IMMUNITIES AND LIABILITIES OF CORPORATIONS FOR PROFIT.**

**ARTICLE I NAME AND PRINCIPAL OFFICE**

THE NAME OF THE CORPORATIONS SHALL BE:

**GUARDIAN HOME HEALTH, INC.**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE CORPORATION SHALL BE:

**GUARDIAN HOME HEALTH, INC.  
12452 BARROW ST  
SPRING HILL, FL 34609**

**FILED**  
**03 APR 30 PM 3:13**  
**CLERK OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE II - DURATION**

THIS CORPORATION SHALL EXIST PERPETUALLY, COMMENCING ON THE DATE OF EXECUTION AND ACKNOWLEDGEMENT OF THESE ARTICLES.

**ARTICLE III - PURPOSE**

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA'S GENERAL CORPORATION ACT.

**ARTICLE IV - CAPITAL STOCK**

THIS CORPORATION IS AUTHORIZED TO ISSUE 1000 SHARES OF \$1.00 PAR VALUE COMMON STOCK, WHICH SHOULD BE DESIGNATED "COMMON SHARES".

**ARTICLE V - CAPITAL**

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS SHALL BE \$1,000.00.

**ARTICLE VI – INITIAL REGISTERED OFFICE AND AGENT**

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IS:

**GUARDIAN HOME HEALTH, INC.  
12452 BARROW ST  
SPRING HILL, FL 34609**

THE NAME OF THE INITIAL REGISTERED AGENT OF THE CORPORATION AT THAT ADDRESS IS:

**ELAINE DECIUTHIS**

**ARTICLE VII**

THIS CORPORATION SHALL HAVE TWO (2) DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME BY MAJORITY VOTE OF THE STOCKHOLDERS, BUT IT SHALL NEVER BE LESS THAN ONE.

**ARTICLE VIII**

THE NAME AND STREET ADDRESSES OF THE MEMBERS OF THE FIRST BOARD OF DIRECTORS ARE AS FOLLOWS:

**ELAINE DECIUTHIS  
13189 DON LOOP  
SPRING HILL, FL 34609**

**CHRISTOPHER RUFFES  
2506 COMMERCE AVE  
SPRING HILL, FL 34609**

**ARTICLE IX – INCORPORATORS**

THE NAMES AND ADDRESSES OF THE INITIAL SUBSCRIBERS SIGNING THESE ARTICLES ARE AS FOLLOWS:

**ELAINE DECIUTHIS  
13189 DON LOOP  
SPRING HILL, FL 34609**

#### **ARTICLE X – AMENDMENT**

THIS CORPORATION RESERVES THE RIGHT TO AMEND, ADDEND OR REPEAL ANY PROVISIONS CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENT HERETO, AND ANY RIGHT CONFERRED UPON THE SHAREHOLDER IS SUBJECT TO THIS RESERVATION.

#### **ARTICLE XI – BY-LAWS**

THE POWER TO ADOPT, ADDEND, AMEND OR REPEAL BY-LAWS SHALL BE VESTED IN THE BOARD OF DIRECTORS AND THE SHAREHOLDERS.

#### **ARTICLE XII – ADOPTION OF BY-LAWS**

A SPECIAL MEETING OF THE SUBSCRIBERS OR THEIR ASSIGNS SHALL BE HELD, UPON THE CALL OF THE PRESIDENT, FOR THE PURPOSE OF COMPLETING THE ORGANIZATION OF THE CORPORATION AND THE ADOPTION OF THE BY-LAWS AND THE TRANSACTION OF SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING.

#### **ARTICLE XIII – TERMS OF ISSUING STOCK**

SHARES SHALL TO BE ISSUED PURSUANT TO THESE ARTICLES OF INCORPORATION SHALL BE ISSUED UNDER THE TERMS, PROVISIONS AND CONDITIONS OF SECTION 1244 OF THE INTERNAL REVENUE CODE.

#### **ARTICLE XIV – RESTRICTIONS ON THE TRANSFER OF STOCK**

SHARES OF CAPTIAL STOCK OF THIS CORPORATION SHALL BE ISSUED INITIALLY TO THE FOLLOWING PERSONS IN THE AMOUNTS SET OPPOSITE THEIR NAMES.

ELAINE DECIUTHIS	255 SHARES
CHRISTOPHER RUFFES	245 SHARES

500 SHARES HELD BY THE INITIAL SHAREHOLDERS LISTED ABOVE MAY NOT BE RESOLD OR OTHERWISE TRANSFERRED TO OTHER PERSONS UNLESS SUCH SHARES ARE FIRST OFFERED TO THE REMAINING SHAREHOLDERS OR TO THIS CORPORATION. THE PRICE AND TERMS AT WHICH, AND THE TIME WITHIN WHICH, SUCH SHARES MAY BE OFFERED AND SOLD SHALL BE FURTHER SPECIFIED BY WRITTEN AGREEMENT AMOUNG ALL OF THE SHAREHOLDERS AND THIS CORPORATION.

I AM HEREBY FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS  
REGISTERED AGENT



ELAINE DECIUTHIS

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND AFFIXED  
MY SEAL TO THESE ARTICLES OF INCORPORATION. ON THIS 25<sup>th</sup> DAY OF

April, 2003.



ELAINE DECIUTHIS

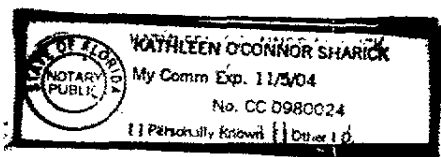
FILED  
03 APR 30 PM 3:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF HERNANDO

BEFORE ME PERSONALLY APPEARED Elaine Deciuthis TO ME WELL  
KNOWN AND KNOWN TO ME TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED THE  
FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO AND BEFORE ME THAT HE/SHE  
EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AN OFFICIAL SEAL, THIS 25<sup>th</sup> DAY OF April

-20 03



Kathleen O'Connor Sharick  
NOTARY PUBLIC, STATE OF FLORIDA

KATHLEEN O'CONNOR SHARICK  
PRINT, TYPE OR STAMP NAME OF NOTARY

PERSONALLY KNOWN X OR  
TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_