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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : HARRISON, SALE, MCCLOY & THOMPSON

Account Number: 076630000526 Phone: (850)769-3434 Fax Number: (850)769-6121 SECRETARY OF STALE TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

A & A HomeCare, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION OF

A & A HomeCare, Inc.

The undersigned subscriber to these Articles of Incorporation hereby subscribes to and forms a corporation for profit under the laws of the State of Florida.

Article I - Name

The name of the corporation is A & A HomeCare, Inc.

Article II - Purpose

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

Article III - Duration

This corporation shall have perpetual existence and shall commence on filing.

Article IV - Initial Registered Office and Agent

The physical address of the initial principal office of this corporation is 452 East 4th Street, Port St. Joc, Florida 32456, whose mailing address is 452 East 4th Street, Port St. Joe, Florida 32456, and the name of the initial registered agent of this corporation is Carlotta Appleman-Moniz, Post Office Drawer 1579, Panama City, Florida 32402.

Article V - CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of common stock, each share having the par value of \$1.00 per share.

Carlotta Appleman-Momiz
Florida Bar #0275890
Barrison, Sale, McCloy &
Thompson
P.O. Box 1579
Panama City, Florida 32402
(904) 769-3434
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Article VI - Board of Directors

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial directors are:

Amy Miller 452 East 4th Street Port St. Joe, Florida 32456 April McLemore 452 East 4th Street Port St. Joe, Florida 32456

Article VII - Incorporator

The names and address of the Incorporators are:

Amy Miller April McLemore 452 East 4th Street Port St. Joe, Florida 32456

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of July, 2003.

April McLemore

Carlotta Appleman-Moniz Florida Ear #0275890 Harrison, Sale, McCloy & Thompson P.O. Box 1579 Panama City, Florida 32402 (904) 769-3434 FAX AUDIT #

	TE OF FLORIDA NTY OF Dulf
	Sworn to and subscribed before me this day of July, 2003 by Amy Miller.
6	who is personally known to me. who produced as identification.
R	102 la Pith
Signa	ture of Notary Public Beverly Pitts
	MY COMMISSION # CC986095 EXPIRES MORICH 12, 2005 BONDED THRUTTOM VAIN INSURANCE INC.
	TE OF FLORIDA NTY OF JULY
	Sworn to and subscribed before me this day of July, 2003 by April McLemore
(ð)	who is personally known to me. who producedas identification.
Signa	ture of Notary Public
	Boverly Pitts MY COMMISSION & CO986095 EXPIRES Morch 12, 2805 SONOGO THEU TROY FAIRI RESIDENCE, INC.

Carlotte Appleman-Moniz
Florida Bar #0275890
Harrison, Sale, McCloy &
Thompson
P.O. Box 1579
Panama City, Florida 32402
(904) 769-3434
FAX AUDIT #

CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provision of Chapter 607 of the Florida Statutes, the corporation identified below, being 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:

A & A HomeCare, Inc.

2. The name and address of the Registered Agent and office is:

Carlotta Appleman-Moniz 1579 Magnolia Avenue Panama City, Florida 32401

Post Office Drawer 1579 (mailing address) Panama City, Florida 32402

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.

Carlotta Appleman-Moniz

Carlotta Appleman-Moniz Plorida Bar #0275890 Harrison, Sale, McCloy & Thompson P.O. Box 1579 Panama City, Florida 32402 (904) 769-3434 FAX AUDIT #