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ddress		ZIP	Phone	. .	0 7 7 0

CORPORATION(S) NAME

Acknowledgment

W.P. Verifier

Pinnacle.	Medical Hon	se. Health Care, In
Profit () NonProfit	() Amendment	() Merger
() Foreign	() Dissolution	() Mark
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other () Change of Registered Agent
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Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

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of

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	40 002	
Pinnacle Medical		TARY OF STAN
(name of	corporation)	
The undersigned subscriber(s) to these Articles of Incorporation under the laws of the State of Florida.	ation, natural person(s) competent to contract,	hereby form a
ARTICLE 1 - CO The name of the corporation is:	DRPORATE NAME	
Pinnacle Medical Ho	me Health Care,	Inc
	ı - DURATION	
This corporation shall exist perpetually unless dissolved acc	cording to Florida law.	
ARTICLE I	II - PURPOSE	
The corporation is organized for the purpose of engaging in United States and the State of Florida.	any activities or business permitted under the	laws of the
The corporation is authorized to issue One Hunds Dollar(s) (\$	CAPITAL STOCK 100 Lead Shares (100) of On which shall be designated "Common Shares".	 -
ARTICLE V - INITIAL REGI	STERED OFFICE AND AGENT	
The street address of the Initial Registered Agent office and	the name of the Initial Registered Agent at the	at office is:
NAME Marco A. Conde		
ADDRESS 14545 Military Trail	#129	
CITY Delray Beach	<u>F</u> LORIDA	ZIP 3348
The principal office, if known, or the mailing address of the	corporation is:	
NAME Marco A. Conde		
ADDRESS 14545 Military Trail	#129	
CITY Delray Beach	FLORIDA	ZIP 33484
,	— · · · ·	70 1 00-10

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have(
NAME Marco A. Conde		
ADDRESS 14545 Military Trail	#129	
CITY Del ran Beach	STATE	ZIP 33484
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
спу	STATE	ŽIP
ADTICLEVIL	INCORPORATORS	
	INCORPORATORS	
The names and addresses of the incorporators signing these	Articles of Incorporation are as follows:	
NAME Marco A. Condu		
ADDRESS 14545 Military Trail	#129	
CITY Delray Beach	ĴŜTATE	ZIP 33484
NAME		
ADDRESS	· 2	
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZiP
IN WITNESS WHEREOF, the undersigned subscriber(s) had ay of July	Auro A Combe	this(Seal)(Seal)(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

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SECRETARY OF STATE TALL AHASSEE FLORIDA

Pinnade	Medical	Home	Health	Care	. The
	(nan	ne of corp or ation)			1

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1454	5 Milita	My Trai	1 #129		**
Delra	y Beach	florida	- 33484		
	Marco A				
located at the	aforesaid address, as	s its Registered_A	Agent to accept serv	vice of proces	s within
this state.			=	⁻ -	

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Moyer A. Lale
(registered agent)