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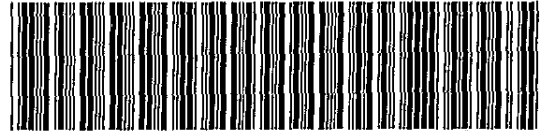
(Business Entity Name)

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F. CHESER

JUL 29

**B E S T Q U I C K
· TAX RETURNS ·**

1195 E. Altamonte Dr.
Altamonte Springs, FL 32701
Phone 407-265-3147
Fax Number 407-265-3958
bqitm@msn.com

TRANSMITAL LETTER

Enclosed is check number 0565 for \$70.00 dollars. Please return stamped copy of the "Article of Incorporation", for our records.

Thank You,

John A. Maldonado

ARTICLES OF INCORPORATION

- The undersigned Incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following
- Articles of Incorporation.

ARTICLE I : NAME

JEAN R. LHERISSON HOME HEALTH SERVICES, P.A.

ARTICLE II : PRINCIPAL OFFICE

216 CROOKED STICK CT.
ORLANDO, FL 32826

ARTICLE III : SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

COMMON STOCK- 100 SHARES NO PAR VALUE

JEAN R. LHERISSON - 100 SHARES

ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JEAN R. LHERISSON
216 CROOKED STICK CT.
ORLANDO, FL 32826

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ARTICLE V: INCORPORATORS

The name and street address of the Incorporator to these Articles of Incorporation is:

JOHN MALDONADO, P.A.
1195 E. ALTAMONTE DR
ALTAMONTE SPRINGS, FL. 32701

ARTICLE VI : DIRECTORS

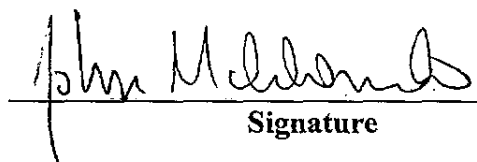
The company will be run by the board of directors. The directors are:

JEAN R. LHERISSON - PRESIDENT
KARLO MARIANNO - VICE PRESIDENT

ARTICLE VII : NATURE OF BUSINESS

The corporation will engage in the business of home health physical and occupational therapy, nursing, and etc. The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from engaging in any lawful act or activity permitted in the United States, The State of Florida or any other state, country, territory or nation.

The undersigned Incorporator has executed these Articles of Incorporation this 2nd day of july 2003.


Signature

Address for:

JEAN R. LHERISSON
216 CROOKED STICK CT.
ORLANDO, FL 32826

KARLO MARIANNO
2442 ECON CIRCLE APT 135
ORLANDO, FL 32817

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, 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 :

Jean R. Lherisson Home Health Services, P.A.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

*Jean R. Lherisson
216 Crooked Stick Ct.
Orlando, FL 32828*

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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.

x *Jean R. Lherisson*
SIGNATURE

7/2/03
DATE