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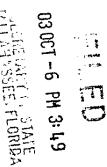
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## BEST QUICK TAX RETURNS

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

#### TRANSMITAL LETTER

Enclosed is check number  $\frac{1620}{}$  for \$70.00 dollars. Please return stamped copy of the "Article of Incorporation", for our records.

Thank You,

John A. Maldonado

#### **ARTICLES OF INCORPORATION**

a corporation of STATE the following

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

#### ARTICLE I: NAME

LUZ MARY MONTOYA HOME HEALTH SERVICES, P.A.

ARTICLE II: PRINCIPAL OFFICE

4051 BOLINAS CT. ORLANDO FL 32817

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

LUZ MARY MONTOYA - 100 SHARES

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUZ MARY MONTOYA 4051 BOLINAS CT. ORLANDO FL 32817

#### **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:

LUZ MARY MONTOYA - PRESIDENT PATRICK THOMAS HALPIN - VICE PRESIDENT

#### ARTICLE VII: NATURE OF BUSINESS

The corporation will engage in the business of home health service, occupational therapy, physical 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 20th day of august 2003.

John M. Mondo Signature

#### Address for:

LUZ MARY MONTOYA 4051 BOLINAS CT. ORLANDO FL 32817

PATRICK THOMAS HALPIN 4051 BOLINAS CT. ORLANDO FL 32817

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## CERTIFICATE OF DESIGNATION OF REGISTERS 7-6 PM 3: 49

SECKE LAKY OF STATE TALLAHASSEE, FLORIDA

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: LUZ Mary Montages Home Health Services, RA.

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

4051 Bolinas Ct Orlando Fl 32817

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.

\* In Malon SIGNATURE

8/10/03 DATE