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Florida Department of State  
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## To:

Division of Corporations  
Fax Number : (850)205-0381

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.****D & N HOME HEALTH SERVICES, INC.**

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**ARTICLES OF INCORPORATION**  
**OF**  
**D & N HOME HEALTH SERVICES, INC.**

**THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION**

**ARTICLE I NAME**

**THE NAME OF THE CORPORATION SHALL BE:**

**D & N HOME HEALTH SERVICES, INC.**

**THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:**

**4167 WEST 9 LANE, HIALEAH, FLORIDA, 33012**

**ARTICLE II NATURE OF BUSINESS**

**THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, TERRITORY OR NATION.**

**ARTICLE III CAPITAL STOCK**

**THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS.**

**1000 SHARES AT \$1.00 EACH**

**ARTICLE IV TERM OF EXISTENCE**

**THIS CORPORATION IS TO EXIST PERPETUALLY**

**ARTICLE V OFFICERS DIRECTORS**

**THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS (ARE)**

**NORMA REYES                      PRESIDENT**

**4167 WEST 9 LANE**  
**HIALEAH, FLA. 33012**

**DAVID MENA                      SEC/TREASURER**  
**6342 HUTCHINSON RD**  
**MIAMI LAKES, FLA. 33014**

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TALLAHASSEE, FLORIDA

ARTICLES VI INCORPORATOR(S)

**THE NAME(S) AND STREET ADDRESS(ES) OF THE  
INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATOR**

**NORMA REYES  
4167 WEST 9 LANE  
HIALEAH, FLA. 33012**

**DAVID MENA  
6341 HUTCHISON RD.  
MIAMI LAKES, FLA. 33014**

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)  
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION  
THIS: 26. DAY OF JANUARY. OF THE YEAR 2004**

**SIGNATURE(S) OF INCORPORATOR(S)**

x Norma Reyes

x [Signature]

\_\_\_\_\_

\_\_\_\_\_

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**  
PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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  
THE NAME OF THE CORPORATION:

**D & N HOME HEALTH SERVICES, INC.**

**THE NAME AND ADDRESS OF THE REGISTERED AGENT AND  
OFFICE IS:**

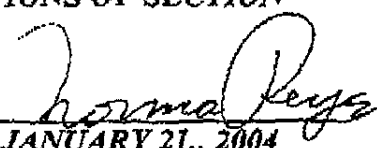
**NORMA REYES  
4167 WEST 9 LANE  
HIALEAH, FLA.33012**

**SIGNATURE:** 

**TITLE PRESIDENT**

**DATE: JANUARY 26, 2004**

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR  
THE ABOVE STATED CORPORATION, AT THE PLACE  
DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT  
IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH  
THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER  
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT  
THE DUTIES AND OBLIGATIONS OF SECTIONS OF SECTION  
607.325, FLORIDA STATUTES**

**SIGNATURE:** 

**DATE JANUARY 21, 2004**