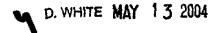
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SECRETARISE CENTER PROCESSION

1. SECRETARISE

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	FICE USE ONLY(DOCUMENT #) ZARUS CORPORATE FILI	NC SPDVICE	
	O S.W. 87 AVENUE	S. M.E. 182	
MI	AMI, FLORIDA (305)552-5973		
			OFFICE USE ONLY
	CORPORATION NAME(s) & I	OCUMENT NUMI	•
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	2. SERVICES 17 (Corporation Name)	NC.	(Document #)
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	NEW FILINGS	AMENDMI	ENTS
	Profit	Amendment	
	NonProfit	Resignation of R	R.A., Officer/Director
	. Limited Liability	Change of Regist	tered Agent
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		Trademark	
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Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION

FILED

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) 2 P 3: 57 the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

AMERICAN ABULT AND Children Home HEAlth Services, INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1873 W. Flagler ST Suite 2 MIAMI, FL 33135

ARTICLE III -SHARES

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

(100) ONE hUNDRED

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jorge L. GARCIA - ARTEAGA R.N. 2960 SW 141 ST MIAMI FL. 33175

FILED

ARTICLE V - INCORPORATOR

2004 MAY 12 P 3: 57

SECRETARY OF STATE The name and street address of the incorporator to these Articles of EE. FLORIDA *Incorporation is:*

1873 W. Flagler ST soire 2 Jorge L. GARRIA- ARTERGA

The undersigned incorporator has executed these Articles of Incorporation this 1/ day of MAY 2004

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of

Jorge L. GARCIA-ARTERGA R.N. (PRESIDENT) 2960 SW 141 CT MIAMI, Fi 33175

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature