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VALIDATION

0 N L Y

CORPORATION(S) NAME

Examiner

Updater

Verifier

Acknowledgment

W.P. Varifier

A+ Quality LifeCare, Inc.				
,				
() Amendment	() Merger			
/ Discounting	{ } Mark			
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() Annual Report	() Other			
() Reservation	() Change of Registered Agent			
() Photo Copies	() Certificate Under Seal			
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Will Wait				
	() Dissolution () Annual Report () Reservation () Photo Copies () Call If Problem			



Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

OF

A+ QUALITY LIFECARE, INC.



The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

A+ QUALITY LIFECARE, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation:

11263 SW 55 COURT COOPER CITY, FL 33330

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 5000 shares having an individual par value of $\$^{1.00}$

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

FRIEDA UNTERMEYER 11263 SW 55 COURT COOPER CITY, FL 33330

ARTICLE VII

The name and address of the initial board of director(s) shall be:

FRIEDA UNTERMEYER
11263 SW 55 COURT
COOPER CITY, FL 33330

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

FRIEDA UNTERMEYER
1263 SW 55 COURT
COOPER CITY, FL 33330

The undersigned	has executed these Ar	rticles of Incorporation this 25	
day of MAY	, 20 04.		

INCORPORATOR

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

A	.+	QUALITY	LIFECARE,	INC.		
(Name of Corporation)						

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT