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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

FLORIDA PROFIT CORPORATION OR P.A.

FADEL Home Health Care Staffing, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

12/8/04

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be
FADEL Home Health Care Staffing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is
755 PLACE CHATEAU
DELRAY BEACH, FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized :
The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1,500 COMMON SHARES PAR VALUE $.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:
DIRECTOR & PRESIDENT
MARYSE A FLEURIMOND
755 PLACE CHATEAU
DELRAY BEACH, FL 33445

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PAGE 2 FADEL Home Health Care Staffing, Inc.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARYSE A FLEURIMOND

755 PLACE CHATEAU

DELRAY BEACH, FL 33445

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

MARYSE A FLEURIMOND

755 PLACE CHATEAU

DELRAY BEACH, FL 33445

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Maryse A. Fleurimond 12/23/4

MARYSE A FLEURIMOND / Registered Agent Date

Maryse A. Fleurimond 12/23/4

MARYSE A FLEURIMOND /Incorporator Date

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