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JALLAHASSEE, FLORIC

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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: DIG	CK HIRSCHMANN'S SENIC	R HOME, INC.	
Englosed are as as	,	TE NAME - MUST INCL	
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: _	EYVOL O. FACEY & PAT Name	RICIA J. FACEY (Printed or typed) Address	
	City.	3 3 5 1 , State & Zip	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

DICK HIRSCHMANN'S SENIOR HOME, INC.

2005 FEB 28 P 4: 31

SEURETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9302 NW 49TH PLACE SUNRISE, FLORIDA 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME HEALTH CARE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

EYVOL O. FACEY- PRESIDENT. PATRICIA J. FACEY - VICE PRESIDENT 9302 NW 49TH PLACE SUNRISE, FLORIDA 33351

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

EYVOL O. FACEY 9302 NW 49TH PLACE SUNRISE, FLORIDA 33351

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

EYVOL O. FACEY 9302 NW 49TH PLACE SUNRISE, FLORIDA 33351

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 aft accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

2-25-2005

Date

2-25-2005

Signature/Incorporator

Date