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CORPORATION NAME(S) & DOC	UMENT NUMBER(S) (if known):	
1. IDEAL HOME	HEALTH, INC.	
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
(Corporation Name)	(Dacument #)	
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(Corporation Name)	(Decurrent #)	
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Examiner's Initials

TD 21203 1 (0 /02)

ARTICLES OF INCORPORATION

FOR

IDEAL HOME HEALTH, INC.

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

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ARTICLE I NAME

The name of the corporation shall be:

IDEAL HOME HEALTH, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

8364 S.W. 40th Street Miami, Florida 33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorizes to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ana M. Veliz PH 1120 999 Ponce de Leon Boulevard Coral Gables, Florida 33134

ARTICLE V INCORPORATOR

The names and street address of the incorporator to these Articles of Incorporation is:

ELIZABETH SANZ 8364 S.W. 40th Street Miami, Florida 33155

ARTICLE VI DIRECTORS

The name and street address of the director to these Articles of Incorporation is:

ELIZABETH SANZ 8364 S.W. 40th Street Miami, Florida 33155

The Undersigned Incorporators have executed these Articles of Incorporation this 28th day of March, 2005.

Signature(s) of the Incorporators(s)

ELIZABETH SANZ

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 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.

ANA M. YELIZ, ESQUIBE

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