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Division of Corporations

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Florida Department of State  
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To:

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

From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : I20000000268  
Phone : (305)229-8256  
Fax Number : (305)229-8252

SECRETARY OF STATE  
FLORIDA  
JUL 25 2005

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**FLORIDA PROFIT CORPORATION OR P.A.**

**PRIME PROFESSIONAL HOME HEALTH CARE, INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF  
**PRIME PROFESSIONAL  
HOME HEALTH CARE, INC.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

**PRIME PROFESSIONAL  
HOME HEALTH CARE, INC.**

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are health care professional services and to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, C.P.A., P.A.  
3636 SW 87<sup>TH</sup> AVE.  
MIAMI, FL. 33165

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Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

**PRIME PROFESSIONAL  
HOME HEALTH CARE, INC.**

**ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of US\$10.00.

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 V**

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

ISABEL MACHIN  
7500 NW 25<sup>TH</sup> STREET - SUITE 249  
MIAMI, FL. 33122

The mailing address of the Corporation shall be:

7500 NW 25<sup>TH</sup> STREET - SUITE 249  
MIAMI, FL. 33122

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#### ARTICLE VI

The initial Board of Directors of the Corporation shall be composed by ONE (1) person, whose name and address is:

ISABEL MACHIN - PRESIDENT - 100% SHAREHOLDER  
8851 NW 119<sup>TH</sup> STREET #5113  
HIALEAH GARDENS, FL. 33018

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

ISABEL MACHIN  
7500 NW 25<sup>TH</sup> STREET - SUITE 249  
MIAMI, FL. 33122

The undersigned incorporator has executed these Articles of Incorporation this 22<sup>nd</sup> day of July, 2005.

  
ISABEL MACHIN  
PRESIDENT

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation is:

**PRIME PROFESSIONAL  
HOME HEALTH CARE, INC.**

2. The name and address of the Registered Agent and office is:

ISABEL MACHIN  
7500 NW 25<sup>TH</sup> STREET - SUITE 249  
MIAMI, FL. 33122

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.

SIGNATURE: \_\_\_\_\_

ISABEL MACHIN

DATE: \_\_\_\_\_

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