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LAZARUS CORPORATE FILING SERVICE

CORPORATE FILING SERVICE	
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CORPORATION NAME(S) & DOCUMENT NUM	BER(S), (if known):
1. QUALITY HOME HEALT	Care, inc.
2. (Corporation Name) (I	Document #)
3.	
(Corporation Name) (I	Document #)
4	
(Corporation Name) (I	Document #)
Walk in Dick up time 2,00	Certified Copy
☐ Mail out ☐ Will wait ☐ Photoc	copy
NEW FILINGS AMEND	MENTS
Not for Profit Resignation Char	ndment gnation of R.A., Officer/Director age of Registered Agent clution/Withdrawal ger
OTHER FILINGS REGIST	RATION/QUALIFICATION
Rein	ted Partnership statement emark

Examiner's Initials



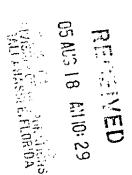
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 22, 2005

LAZARUS

SUBJECT: QUALITY HOME HEATH CARE, INC.

Ref. Number: W05000035035



We have received your document for QUALITY HOME HEATH CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

Please check spelling of the word HEATH or HEALTH.

Please list a number of shares of stock and not a percentage % or dollar amount \$.

Please check officer title spellings.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 905A00048175

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ARTICLES OF INCORPORATION AUG 18 P 2: 43

The undersigned Incorporator(s), for the purpose of forming a corporation of standard under the Florida Business Corporation Act, hereby adopt(s) the following EE. FLORIDA Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

MARTINEZ HOME HEALTH COURCE, Who.

ARTICLE II - PRINCIPAL OFFICE

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

403 DW 72 AVE #4142 Migmi, #1 33126

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HAMANOLA MARTINEZ 403 DW 72 AVE #414E MIAMI, FI 33126

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ARTICLE V - INCORPORATOR

TALLAHASSEE, FLORIDA

The name and street address of the incorporator to these Articles of Incorporation is: MANANOLA MAHNUZ P/VP

halael Martinez 5/7

The undersigned incorporator has executed these Articles of Incorporation this 15 day of 100 day of 2005

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Maeinne a Maietnez 403 DW 72 AVE #414E Minmi, Fl 33126

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature