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8/31/05

FLORIDA PROFIT CORPORATION OR P.A.

Coastal Home Health Services, Inc.

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

August 31, 2005

HUBCO

SUBJECT: TROPICAL HOME HEALTH SERVICES, INC.
REF: W05000040957

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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The document number of the name conflict is P04000028439 - TROPICAL HOMEHEALTH SERVICE, INC..

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Loria Poole
Document Specialist
New Filings SectionFAX Aud. #: R05000207161
Letter Number: 205A00054825

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Coastal Home Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**Coastal Home Health Services, Inc.
900 E. Ocean Boulevard, Suite D-130
Stuart, FL 34994-3501**

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ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Cynthia E. Eldred
4182 St. Lucie Lane
Palm City, FL 34990**

Prepared By:
**Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940**

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

Cynthia E. Eldred - President
4182 St. Lucie Lane
Palm City, FL 34990

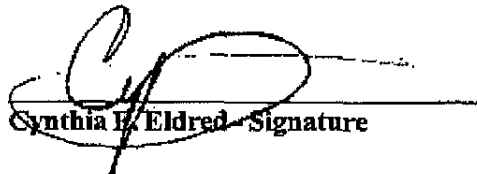
ARTICLES VI INCORPORATOR(S)

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

Cynthia E. Eldred
4182 St. Lucie Lane
Palm City, FL 34990

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24th day of August, 2005.


Cynthia E. Eldred - Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Coastal Home Health Services, Inc.

2. The name and address of the registered agent and office is:

Cynthia E. Eldred

Name

4182 St. Lucie Lane

(P.O. Box or Mail Drop Box NOT Acceptable)

Palm City, FL 34990

(City / State / Zip)

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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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Cynthia E. Eldred
SIGNATURE

August 24, 2005

(Date)