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CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	_
1. MEDICAL HOME (Corporation Name)	HEALTH SERVICESCORF	9
(Corporation Name)	(Execution #)	
2. (Corporation Name)	(Document #)	
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	☐ Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
☐ Annual Report	☐ Foreign	
☐ Fictitious Name	Limited Partnership	
	Reinstatement Trademark	•
	Other	
	Examiner's Initials	

ARTICLES OF INCORPORATION

2006 JAN 10 PM 4:39

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

ARTICLE 1 - NAME

The name of the corporation shall be:

Medical Home Health Services Corp.

ARTICLE II - PRINCIPAL OFFICE

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

16269 SW 44 St. Miami, Fl 33185

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:

Lianna Flores 16269 SW :44 St.

Miami Florida 33185

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TALLAHASSEE FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:
Carlos S. Flores 16269 SW 44 St. Liami, Fl 33185
The undersigned incorporator has executed these Articles of Incorporation this 9 day of January 2006.
Signature
ARTICLE VI- DIRECTOR (S)
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):
Carlos S. Flores President
Lianna Flores Vice President

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.

Régistered Agent Signature