

Division of Corporations

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Florida Department of State
Division of Corporations
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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

06 MAR 29 AM 9:05
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION**QUALIFIED PROFESSIONAL HOME HEALTH SERVICES, INC.**

| | |
|-----------------------|---------|
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ARTICLES OF INCORPORATION

OF

**QUALIFIED PROFESSIONAL
HOME HEALTH SERVICES, 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:

**QUALIFIED PROFESSIONAL
HOME HEALTH SERVICES, 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 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, CPA, P.A.
3636 SW 87TH AVE.
MIAMI, FL. 33165

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SECRETARY OF STATE

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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,

QUALIFIED PROFESSIONAL HOME HEALTH SERVICES, 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 of this corporation shall be:

EDUARDO J. ORTEA
384 SW 205TH AVE.
PEMBROKE PINES, FL. 33029-5012

The business location and mailing address of the Corporation shall be:

384 SW 205TH AVE.
PEMBROKE PINES, FL. 33029-5012

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ARTICLE VI

The initial Board of Directors and Shareholders shall be initially composed by TWO (2) persons, whose names and addresses are:


EDUARDO J. ORTEA - PRESIDENT
384 SW 205TH AVE.
PEMBROKE PINES, FL. 33029-5012

ELIZABETH L. ORTEA - VICEPRESIDENT
384 SW 205TH AVE.
PEMBROKE PINES, FL. 33029-5012

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

EDUARDO J. ORTEA
384 SW 205TH AVE.
PEMBROKE PINES, FL. 33029-5012

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 27TH of March, 2006.


EDUARDO J. ORTEA
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:

**QUALIFIED PROFESSIONAL
HOME HEALTH SERVICES, INC**

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

EDUARDO J. ORTEA
384 SW 205TH AVE.
PEMBROKE PINES, FL. 33029-5012

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:


EDUARDO J. ORTEA

DATE:

3/28/06

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