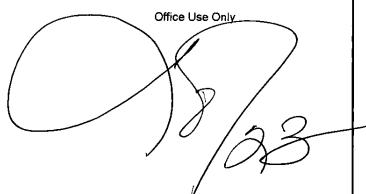
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ORPORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):
Professional H	OME HEALTH CARE, INC.
(Corporation Name)	(Document #)
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NEW FILINGS	<u>AMENDMENTS</u>
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- Children Children	- Wierger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report	☐ Foreign
Fictitious Name	Limited Partnership
	Reinstatement
	☐ Trademark ☐ Other
	- Other
	Examiner's Initials

CR2E031(7/97)

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:

PROFESSIONAL HOME HEALTH CLARE, TAC.

O6 AUG 22 AM IO: 48
SEURETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

85 GRAND CANAL DR, SUITE 401 MIANI, Fl. 33.144

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:

QHISTRIAN FORCADE

85 GRAND CANAL DR. SUITE-401 HIAMI TI 33184

ARTICLE V - INCORPORATOR

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

CHISTOLIAN FORCADE

BS: GRAND CANAL DR. SLITE 401 HIAMI FL 33144.

The undersigned incorporator has executed these Articles of Incorporation this 15 day of +4005 2006.

Signature

ARTICLE VI- DIRECTOR (S)

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

CHISTRIAN FORCADE (P)

85: GRAND CANAL DRESUITE 401-HAMITE 33189.

EsthER ROMEU. (VP).

8550 SW 45t MIAMI FZ 33144

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 ame familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature