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Florida Department of State
Division of Corporations
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Account Name : CARLOS PEREZ SERVICE
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Phone : (305) 541-8722
Fax Number : (305) 541-6940

FLORIDA PROFIT/NON PROFIT CORPORATION

ACCURATE HOME HEALTH CARE CORP. (CORRECTION PLEASE)
~~ACURATE HOME HEALTH CARE CORP.~~

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September 1, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CARLOS PERES SERVICE

SUBJECT: ACURATE HOME HEALT CARE, CORP.
REF: WD6000038664

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Loria Poole
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FAX Aud. #: HD6000209591
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P.O BOX 6327 - Tallahassee, Florida 32314

**Electronic Articles of Incorporation
For**

ACCURATE HOME HEALTH CARE, CORP.

The undersigned incorporators, for the purpose of forming a Florida profit Corporation, hereby adopt(s) the following Articles of incorporation:

ARTICLE I

The name of the corporation is:

ACCURATE HOME HEALTH CARE, CORP.

ARTICLE II

The principal place of business address:

5975 SW 8th STREET - STE 1
MIAMI, FL 33144

The mailing address of the corporation is:

5975 SW 8th STREET - STE 1
MIAMI, FL 33144.

ARTICLE III

The purpose for which this corporation is:

TRANSACTION ANY ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED
UNDER THE LAWS OF THE UNITED STATE, OF FLORIDA OR ANY
STATE, COUNTRY TERRITORY OR NATION.

ARTICLE IV

The number of share the corporation is authorized to issue is:

100 (ONE HUNDRED) NO PAR VALUE

ARTICLE V

The name and street address of the initial registered agent are:

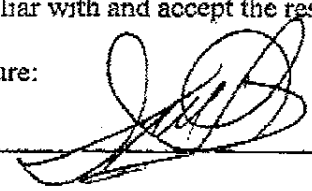
IDELFONSO KUAN
5975 SW 8th STREET
MIAMI, FL 33144

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

I certify that I am familiar with and accept the responsibilities of register agent.

Register Agent Signature:

SIGNATURE: 

ARTICLE VI

The name and address of the incorporator is:

IDELFONSO KUAN
5975 SW 8th STREET STE. 1
MIAMI, FL 33144

Incorporator Signature:

SIGNATURE: 

ARTICLE VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P/D

IDELFONSO KUAN