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To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

HENERIZ HEALTH CARE SERVICES, INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

HENERIZ HEALTH CARE SERVICES, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8938 S.W . 5 TERR, MIAMI, FL 33174

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN THE HOME HEALTH CARE BUSINESS PERMITTED BY THE STATE OF FLORIDA AND/OR THE UNITED STATES OF AMERICA

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHRS AT \$10.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

JENNIFER HENERIZ, R.N., PRESIDENT, 8938 S.W. 5 TERR, MIAMI, FL 33174

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


JENNIFER HENERIZ, R.N., 8938 S.W. 5 TERR, MIAMI, FL 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JENNIFER HENERIZ, R.N., 8938 S.W. 5 TERR, MIAMI, FL 33174

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

01-10-2007  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

01-10-2007  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA

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