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Florida Department of State
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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

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FLORIDA PROFIT/NON PROFIT CORPORATION

LOVE CARE HOME HEALTH, CORP.

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:

LOVE CARE HOME HEALTH, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

939-B SW 87th AVE, MIAMI FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation is organized for the purpose of transacting any and all lawfull business relating to HOME HEALTH CARE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAYDELL DIAZ [PRES./ TRES.] 1301 SW SALZEDO STREET Apt #3 CORAL GABLES FL 33134
IRMA VEGA [VICE PRES / SEC.] 2901 SW 20th STREET MIAMI FL 33145

ARTICLE VI REGISTERED AGENT

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

MARISELA IGLESIAS
1761 SW 11th STREET
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

MARISELA IGLESIAS
1761 SW 11th STREET
MIAMI, FL 33135

****

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 — 1-29-07 Date

Signature/Incorporator — 1-29-07 Date