

# P08000031311

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**HOME CARE HEALTH SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATION

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T. Burch MAR 26 2008

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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:  
HOME CARE HEALTH SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
553 PEACE DR.  
KISSIMMEE, FL 34759

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:  
1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT:  
JUDITH PERRY  
553 PEACE DR.  
KISSIMMEE, FL 34759

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TALLAHASSEE, FLORIDA

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PAGE 2 HOME CARE HEALTH SERVICES, INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

JUDITH PERRY  
553 PEACE DR.  
KISSIMMEE, FL 34759

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

JUDITH PERRY  
553 PEACE DR.  
KISSIMMEE, FL 34759

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.

  
JUDITH PERRY / Registered Agent

  
Date

  
JUDITH PERRY / Incorporator

  
Date