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

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
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FLORIDA PROFIT/NON PROFIT CORPORATION

PROVIDENCE HOME HEALTH SERVICES, INC.

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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION
OF

PROVIDENCE HOME HEALTH SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

PROVIDENCE HOME HEALTH SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

PROVIDENCE HOME HEALTH SERVICES, INC.

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

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TALLAHASSEE, FLORIDA

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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$5.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**LEROY DESANCE
21315 NE 8 CT #7
MIAMI FL, 33179**

The principal office shall be:

**150 NW 168 ST STE # 205
NORTH MIAMI BEACH FL, 33189**

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ARTICLE VI

The initial Board of Directors shall consist of a total of **THREE** (03) persons, and the name and address of the persons who are to serve as initial directors are:

LEROY DESANCE
21315 NE 8CT #7
MIAMI FL, 33179

PRESIDENT

AUGUSTO SAINT-PHARD
835 NW 198 ST
MIAMI FL, 33169

VICEPRESIDENT

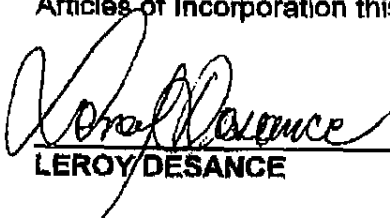
JOSE LUIS CORREAL
18189 NW 61CT
HIALEAH FL, 33015

SECRETARY

The name and address of the incorporator executing these Articles of Incorporation is

LEROY DESANCE
21315 NE 8CT #7
MIAMI FL, 33179

IN WITNESS WHEREOF, the undersigned Incorporator has (ve) executed these Articles of Incorporation this APRIL 08/2008


LEROY DESANCE

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

PROVIDENCE HOME HEALTH SERVICES, INC.

2. The Name and Address of the registered agent and office is

**LEROY DESANCE
21315 NE BCT #7
MIAMI FL, 33179**

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Leroy Desance

DATED: APRIL 08/2008

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