Florida Department of State

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

Florida Home Health Group Inc.

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Florida Home Health Group Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Florida Home Health Group Inc. 8400 N. University Dr., Suite 305 Tamarae, FL 33321

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at \$0.50 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ernesto Rivero 8838 W. Flagler St., Suite 208 Miami, FL 33174

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3840

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of incorporation is(are):

Ernesto Rivero - President/Director 8400 N. University Dr., Suite 305 Tamarac, FL 33321

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ernesto Rivero 8400 N. University Dr., Suite 305 Tamarac, FL 33321

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18th day of June 2008.

Ernetto Rivero - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Florida Home Health Group Inc.	<u> </u>
2. The name and address of the regist	crod agent and office is:	UNI 19 AM
	Ernesto Rivero	F.S. D.
	Name	TATE ORIDA
	8838 W. Flagler St., Suite 208	9:
	(P.O. Box or Mail Drop Box NOT Acceptable)	_
	Miami, FL 33174	<u></u>
	(City / State / Zip)	

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Ernesto Rivero SIGNATURE June 18, 2008 (Date)