

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE : 667970 11301A

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 23, 1995

ORDER TIME : 4:13 PM

ORDER NO. : 667970

CUSTOMER NO: 11301A

CUSTOMER: Howard B. Nadel, Esq
NEIMARK GREENE & NADEL

Suite 420
800 Corporate Drive
Ft. Lauderdale, FL 33334

DOMESTIC FILING

NAME: STAT-CARE AMERICA HOME
HOME HEALTH CARE AGENCY, INC.

XXX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XXX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS: _____

T. BROWN AUG 24 1995

RECEIVED
FILED
95 AUG 24 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001568077
-05/24/95-01018-001
*****0.00 *****00.00



FLORIDA DEPARTMENT OF STATE

August 24, 1995

Sandra B. Mortham
Secretary of State

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: STAT-CARE AMERICA HOME HEALTH CRE AGENCY, INC.
Ref. Number: W95000017089

We have received your document for STAT-CARE AMERICA HOME HEALTH CRE AGENCY, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Teresa Brown
Corporate Specialist

Letter Number: 295A00039573

ARTICLES OF INCORPORATION
OF

STAT-CARE AMERICA HOME HEALTH CARE AGENCY, INC.

I, the undersigned, a natural person competent to contract, do hereby make, subscribe and file these Articles of Incorporation for the purpose of organizing a corporation under the laws of the State of Florida.

ARTICLE I
NAME OF CORPORATION

The name of this Corporation shall be:

STAT-CARE AMERICA HOME HEALTH CARE AGENCY, INC.

ARTICLE II
GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

ARTICLE III
CAPITAL STOCK

The total authorized capital stock of this Corporation is 1000 shares of Common Stock, par value \$1.00 per share.

ARTICLE IV
TERM OF EXISTENCE

The Corporation shall exist perpetually.

ARTICLE V
ADDRESS OF PRINCIPAL OFFICE IN THIS STATE

The initial street address of the principal office of this Corporation in the State of Florida is 9441 W. Sample Road, Suite 102, Coral Springs, Florida 33065. The Board of Directors may from time to time move the principal office to another address in Florida.

FILED
95 AUG 24 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI
INCORPORATOR

The name and the post office address of the Incorporator is:

HOWARD B. NADEL 800 Corporate Drive, Suite 602
Fort Lauderdale, Florida 33334

ARTICLE VII
DIRECTORS

The corporation shall have not less than one (1) Director.

ARTICLE VIII
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 800 Corporate Drive, Suite 602, Fort Lauderdale, Florida 33334 and the name of the initial registered agent of the Corporation at that address is HOWARD B. NADEL.

ARTICLE IX
COMMENCEMENT OF CORPORATE EXISTENCE

Pursuant to Section 607.167, Florida Statutes, this Corporation shall commence its corporate existence upon filing.



HOWARD B. NADEL

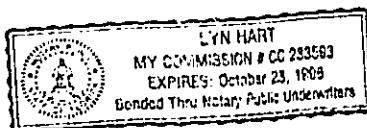
STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared HOWARD B. NADEL who is/are personally known to me or has/have produced his/her _____ as identification and is the person described as Incorporator and who executed the foregoing Articles of Incorporation and who swore and acknowledged that he/she executed the foregoing Articles of Incorporation for the purposes therein set forth and who did not take an oath.

21 WITNESS my hand and official seal in the County and State last aforesaid this
day of August 1995.

Printed Name: _____

NOTARY PUBLIC
My Commission Expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN
THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

95 AUG 24 PM 3:08
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That STAT-CARE AMERICA HOME HEALTH CARE AGENCY, INC., desiring to organize under the laws of the State of Florida, with its Registered Office as indicated in the Articles of Incorporation at 800 Corporate Dr, Ste602, Fort Lauderdale, Florida 33334 with HOWARD B. NADEL as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above-stated corporation at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

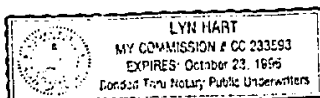

HOWARD B. NADEL

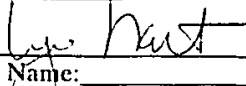
STATE OF FLORIDA

COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared HOWARD B. NADEL who is/are personally known to me or has/have produced his/her _____ as identification and is the person described as Registered Agent and who executed the foregoing Articles of Incorporation and who swore and acknowledged that he/she executed the foregoing Articles of Incorporation for the purposes therein set forth and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this
21 day of August 1995.




Printed Name: _____

NOTARY PUBLIC
My Commission Expires: