2023641 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahasace, FL 32314

1 (1710) 174 1011 -03/13/96--01031--003 *****70.00 *****75.00

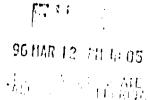
1 CUMMONOUN 7°41 1 001 1 -03/13/36--01031--003 -+***78.75 *****70.00 SUBJECT: Americare Homo Rehab., Inc. (Proposed corporate name - must include suffix)

for : \$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate y Required			
FROM:	Name (printed or typed) 5544 Riverton Road					
						
	Jacksonvi	.11e, FL 32277		74E	25 HAR	ı
	City, State & Zip					
	(904)744-	-6328		: :1=	12	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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: Americare Home Rehab., Inc.

ARTICLE II PRINCIPAL OFFICE

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

5544 Riverton Road Jacksonville, FL 32277

ARTICLE III SHARES

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

100 par value of one dollar (\$1.00) per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bonnie Diane DeRoia 5544 Riverton Road Jacksonville, FL 32277

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

Bonnie Diane DoRoia 5544 Riverton Road Jacksonville, FL 32277 Danny Wayne Weldon 7854 Knoll Drive S. Jacksonville, FL 32221

The und	ersigned inco	rporator(s) has(have	executed these Articles of Inc	orporation this
8th	_ day of	March	, 19 <u>96</u>	
	Bor	nie Diane DeRe	iane Os Ro o i abignature	
	 		Signature	
			Signature	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	AmeriCare Home Rehab.,	Inc.
2. The name and address of the regis	stered agent and office is:	
Bonnie Diar	ne DeRoia (NAME)	
5544 Rivert	on Road ox or Mail Drop Box NOT ACCEPTABLE)	- 12 - 12
Jacksonvil1		 हु। हु।

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.

Bonnie Diane DeRoi (SIGNATURE) (DATE)