P960000 45407

TRANSMITTAL LETTER

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

SUBJECT: Personi Care Health Services, Inc.

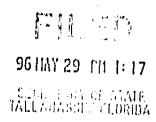
800001820548 -05/14796--01090--010 ******78.75 *****78.75

is an origina 370.00 Filing Fee	x \$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee & Certified Copy	and a ched
		& Certificate Additional Copy Required	
FROM:	<u>Lurline</u> Name	Khatib (printed or typed)	•
		W 23rd Street	
	:	Address	5.0°
		orings, FL. 33065 ity, State & Zip	ALLAN:
		154_8783237 e Telephone number	

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

GB 5/29/96





May 20, 1996

LURLINE KHATIB 10162 NW 23RD ST CORAL SPRINGS, FL 33065

SUBJECT: PERSONI CARE HEALTH SERVICES, INC.

Ref. Number: W96000010591

We have received your document for PERSONI CARE HEALTH SERVICES, INC. and your check(s) totaling \$78.75. 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 filling of your document, please call (904) 487-6931.

Garrett Blanton Document Specialist

Letter Number: 696A00024847

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:	<u> </u>
Personi Care Health Services Inc.	
ARTICLE II PRINCIPAL OFFICE	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	I: 17

1499 W. Palmetto Park Road Suite 157 Boca Raton, Fl. 33486

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Lurline Khatib

1499 W. Palmetto Park Road Suite 157

Boca Raton Fl. 33486

INCORPORATOR(S) ARTICLE V

See instructions for officers/directors

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

Lurline Khatib 10162 Nw. 23RD Street Coral Springs, Fl. 33065

Paula Matayer 5950 NW 72nd Ct. Parkland, Fl. 33067

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 9th day of ______, 19_96____. (An additional article must be added if an effective date is requested.)

Notarization is not required

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:	Personi Care	Health Servi	lces Inc.	
2. The name and address of the regi	stered agent and of	fice is:		<u></u>
Lurl	ine Khatib (Name)			
	(NAME)		¥00	
. 1400	W, Palmetto I	ank Boad		
	lox or Mail Drop Box		<u></u> <u>At</u>	
		,	(n)	29
Roca	Raton Fl. 334	186	(竹) ¹⁰⁰ (14代	- TO ::
	(CITY/STATE/Z	IP)	-11*1 m u	1 = 124 G 2 = 124 C
			00 i	<u>; </u>
			D. F	· 1
Having been named as registered corporation at the place designated agent and agree to act in this capacitating to the proper and complete pobligations of my position as registed.	in this certificate, I city. I further agree performance of my	hereby accept the to comply with th	e appointment as reg be provisions of all s	ristered statutes
asflhatil (Signatu	RE)	(DAT	-/9/94 E)	

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314