

Telephone	
(941)385-0998	PRIDE OF
Date 7/10/96 Signature of incorporator Signature of incorporator Name of incorporator	THOUSE THE PARTY OF
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Thank you very much.	AE SU
Please send responses or receipts concerning this filing to the above address.	-1 .0
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A certified copy \(\sigma \) is \(\sigma \) is requested. If a certified copy is requested, the additional fee in the amount of S \(\frac{52-50}{}{} \)	_ is enclosed.
· · · · · · · · · · · · · · · · · · ·	
1. An original Articles of incorporation and one copy for the above named corpora 2. A certified check or money order in the amount of $\$$ for filling	aon. føes.
Please find enclosed:	llan
USAR CORPORATIONS DIVISION:	
CitySEBRINGState_FLORIDA_ZIP_33872	
Street address of the corporation 4700 SPARTA ROAD	
Name of desporation: STAR HOME HEALTH SERVICES, INC.	-three weight side :
FRUM:	

Merrill Lynch Check # 960130687992 dt7/11/96 for \$122-50 enclosed.

ARTICLES OF INCORPORATION

FILED H 10: 00

		Of	A CHAIR COMPANY
	STAR HOME HEALTH	SERVICES, INC.	96 JUL 15 AH 10: 00
Pursuant to Chap Incorporation for t	STAR HOME HEALTH oter 607 of the Florida Business Corporation purpose of forming a for-profit corporation	on Act, the undersigned incorporator su	TALLAIIASSEE FLORIDA
Article 1. The	name of the Corporation is: STAR HOME HEALTH	SERVICES, INC.	······································
	orincipal place of business and mail	ng address of this corporation is:	,
Article 3, The	1000		
Article 3. The corporation is authorized to issue one class of stock, that being			ansfer of which is
Article 4. The r	name and address of the corporation	's initial registered agent is:	
GOVINDARA.	JU MUTHUKRISHNAN 4700	SPARTA ROAD, SEBRING,	FL-33872
	ame and street address of the incor JU MUTHUKRISHNAN 4700	•	FL-33872
	irector shall be held llable to the co of fiduciary duty, unless the breach		-
undersigned incorp	f, the undersigned incorporator has exec porator hereby declares, under penalty of ue, and that the incorporator is at least eigh	perjury, that the statements made in th	
7/10/96	Commanys		MUTHUKRISHNAN
Date	Signature of incorporator	Name of Incorporator	

CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

FIL, ED 96 JUL 15 AM 10: 00 SECRETARY DESTAINS TALLAHASSEE, FI.ORIDA

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

- 1. The name of the corporation is: STAR HOME HEALTH SERVICES, INC.
- 2. The name and address of the corporation's registered agent and registered office is:

	GOVINDARAJU	MUTHUKRISHNAN
Namo	}	
	4700 SPARTA	ROAD
Stree	address	
	SEBRING , j	er 3 3 8 7 2
City/S	tate/ZIP	

Having been named as the 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 of registered agent

7/10/96

Date of signature