

P97000034081

Mahendra P. Gupta  
13 S.E. 16th Street  
Fort Lauderdale, FL 33316

FILED

97 APR 14 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 10, 1997

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-04/14/97--01052--020  
\*\*\*\*122.50 \*\*\*\*122.50

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

Re: Articles of Incorporation  
ASSOCIATED HOME NURSING, INC.

Gentlemen:

Reference the caption, enclosed please find an original and one (1) copy of the articles of incorporation and a check in the amount of \$122.50 as applicable filing fees.

Please forward certified copy of the registered corporation to:

Mahendra P. Gupta  
13 S.E. 16th Street  
Fort Lauderdale, FL 33316

I may be contacted during the day at 954/565-4700.

Thank you in advance for your consideration.

Sincerely,

*Mahendra P. Gupta*  
Mahendra P. Gupta /ols.

MPG/dr

Enclosures

*PH*  
*4/16/97*

# ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## ARTICLE I NAME

The name of the corporation shall be:

ASSOCIATED HOME NURSING, INC.

## ARTICLE II PRINCIPAL OFFICE

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

13 S.E. 16th Street  
Fort Lauderdale, FL 33316

## ARTICLE III SHARES OF STOCK

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

100,000, all of which shall be common shares with no par value.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

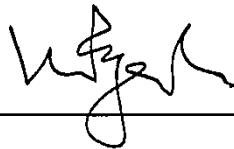
Mahendra P. Gupta  
13 S.E. 16th Street  
Fort Lauderdale, FL 33316

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Mahendra P. Gupta  
13 S.E. 16th Street  
Fort Lauderdale, FL 33316

The undersigned incorporator has executed these Articles of Incorporation this 9th day of April, 1997.



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Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered officer/registered agent, in the State of Florida.

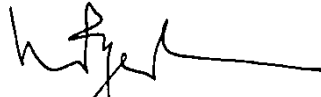
1. The name of the Corporation is:

ASSOCIATED HOME NURSING, INC.

2. The name and address of the registered agent and office is:

Mahendra P. Gupta  
13 S.E. 16th Street  
Fort Lauderdale, FL 33316

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.



\_\_\_\_\_  
Mahendra P. Gupta

\_\_\_\_\_  
(Date)