ITAL CONNECTION, INC.

RE: Home Health

Your Capital Connection

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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ARTICLES OF INCORPORATION

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HOME HEALTH PLAN, INC.

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:

Home Health Plan, Inc.

ARTICLE II: DURATION

The corporation shall have perpetual existence.

ARTICLE III: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 13830 58th Street North, Suite 404, Clearwater, Florida 34620.

ARTICLE IV: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of one dollar (\$1.00) per share.

ARTICLE V: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Capital Connection, Inc., 417 E. Virginia Street, Suite 1, Tallahassee, Florida 32301.

ARTICLE VI: INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is Lisa J. Brassard, 2645 Sheridan Drive, Tonawanda, New York 14150.

The undersigned has executed these Articles of Incorporation this 22nd day of April, 1997.

Lisa J. Brassard, Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida statutes, the mentioned 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:

Home Health Plan, Inc.

2. The name and address of the registered agent and office is Capital Connection, Inc., 417 E. Virginia Street, Suite 1, Tallahassee, Florida 32301.

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 PROVISION 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.

Capital Connection, Inc.

By: Lauren Strong

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SECRETARY OF STATE
AHASSEE FLORIDA