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7/23/97

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: PENNY'S HOME CARE INC.

AUDIT NUMBER.....H97000012023

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....1

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 23, 1997

FAS-T CORP. AGENTS

SUBJECT: PENNY'S HOME CARE INC.
REF: W97000017020

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

There seem to be some discrepancy in the registered agent's address. If so, please make the correction.

Please return the original and one copy of 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 filing of your document, please call (850) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

FAX Aud. #: H97000012023
Letter Number: 897A00037395

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Article of corporation.

ARTICLE I NAME

The name of the corporation shall be: Penny's Home Care Inc.

The principal place of business of this corporation shall be: 15301 N.W. 1st PMBK.
Pines Fl. 33028

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the law of the United States, the State of Florida, or any other state country, territory or nation. Employment Agency-Nursing

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1000 par \$1.50

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually. YES

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s) if any, who shall hold office the first year of the corporation's existence or until their successors (are) elected, is (are):

Fulanl Yates
President
15301 N.W. 1 st.
Pembroke Pines FL.
33028

Alfred Morris Jr
Treasurer
15301 N.W. 1st
Pembroke Pines FL.
33028

Prepared by: Penelope Dinnall
15302 N.W. 1st St.

Pembroke Pines, Fl 33028 (305) 653-2339

H97000012023

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) in this articles of incorporation is(are):

PENELOPE DINNALL
15301 N.W. 1 STREET
PMBL. PINES, FL. 33028

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 19 day of July, 1997

Signature(s) of Incorporator(s)

Penelope Dinnall

STATE OF Florida
COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 19 day of JULY, 1997 by PENELOPE DINNALL
(Name of Incorporator)
of PENNY'S HOME CARE INC
(Name of Corporation)



MARLENE MORRIS
COMMISSION # CC 50344
EXPIRES JUN 03, 2000
BONDED THRU
ATLANTIC BONDING CO., INC.

Notary Public

My Commission Expires: 6/6/2000

SEAL

ARTICLES OF INCORPORATION FILING FEE: \$20

H97000012023

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

97 JUL 24 AM 8:20
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TALLAHASSEE
FLORIDA

Pursuant to the provisions of Section 607.325 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: PENNY'S HOME CARE INC.

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

PENELOPE DINNALL

15301 N.W. 1 STREET

(P. O. BOX NOT ACCEPTABLE)

PEMBROKE PINES, FL 33028

(CITY/STATE/ZIP)

SIGNATURE *Adrian Yates*

(Corporate Officer)

TITLE PRESIDENT

DATE July 19, 1997

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS SECTION 607.325 FLORIDA STATUTES

SIGNATURE *Perla Dinnall*

(Registered Agent)

DATE July 19, 97

H97000012023

REGISTERED AGENT FILING FEE: \$20.00