### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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|               | Merger File   |       |
|               | Art. of Amend. File   |       |
|               | RA Resignation  |       |
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|               | Annual Report / Reinstatement   |       |
|               | Cert. Copy  |       |
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## ARTICLES OF INCORPORATION 97 AUG 28 PM 3: 48

#### OF

### PRIME CARE HOME HEALTH, INC.

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 is PRIME CARE HOME HEALTH, INC.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 6017 Pine Ridge Road # 115, Naples, FL 34119.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is seven thousand five hundred (7,500) shares having a par value of (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Kathy Reilly, 6151 Pelican Bay Blvd, # 25, Naples FL 34108.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Kathy Reilly President, 6017 Pine Ridge Road, #115, Naples FL 34119.

The undersigned has executed these Articles of Incorporation this 28th day of August 1997.

"Capital Connection, Inc. by Crystal Dugger, Office Manager"

FILED SEURETARY OF STATE DIVISION OF CORPORATIONS

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE 97 AUG 28 PM 3: 48

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.

| l. The | name of the c | orporation  | 10: Pa.  | ME FEE    | CARE H    | Suc   |
|--------|---------------|-------------|----------|-----------|-----------|-------|
|        | HAALTH /      |             |          |           |           | -     |
| 2. The | name and str  | eet address | of the r | egistered | agent and | <br>- |
|        |               | PELICA.     |          |           |           |       |
|        | NAPLAS        | Fu          | 34108    |           |           | -     |

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.

Kathykeilly