TRANSMITTAL LETTER

P98000079296

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

700002641927--8
-09/17/98--01047--002
*****70.00 *****70.00

SUBJECT: Complete Home Healthcare Inc.
(Proposed corporate name - must include suffix)

Enclosed is an **original and one (1) copy** of the articles of incorporation and a check for :

- [X] $70.00 Filing Fee
- [ ] $78.75 Filing Fee & Certificate
- [ ] $122.50 Filing Fee & Certified Copy
- [ ] $131.25 Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM: P. Stuart
Name (printed or typed)

8100 NW 2 AVE Suite C0314
Address

Boca Raton, Fla 33431
City, State & Zip

Daytime Telephone number

FILED
98 SEP 17 PM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DMC 9/17/98

NOTE: Please provide the original and one copy of the articles.

State of Florida
Articles of Incorporation
Complete Home Healthcare Inc.

FILED
98 SEP 17 PM 11:52
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 ONE
The name of the corporation is:
Complete Home Healthcare Inc.

ARTICLE TWO
The principal place of business and mailing address shall be:
3100 NW 2 Avenue, Suite C-0314, Boca Raton, Florida 33431

ARTICLE THREE
The aggregate number of shares which the corporation has authority to issue:
one thousand shares of common stock.

ARTICLE FOUR
The name and street address of the initial registered agent is:
P. Stuart, 3100 NW 2 Avenue, Suite C-0314, Boca Raton, Florida 33431

ARTICLE FIVE
The name and street address of the incorporator to these Articles of Incorporation is:
P. Stuart, 3100 NW 2 Avenue, Suite C-0314, Boca Raton, Florida 33431

ARTICLE SIX
The period of its duration is perpetual.

ARTICLE SEVEN
The purpose or purposes for which the corporation is organized are:
To engage in the transaction of any lawful business for which corporations may be incorporated under the provisions of the Florida Business Corporation Act.

The undersigned incorporator has executed these Articles of Incorporation this day, September 11, 1998.

P. Stuart
P. Stuart

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

FILED
98 SEP 17 PM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is: Complete Home Healthcare Inc.

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

P. Stuart
(NAME)

3100 NW 2 Ave Suite C-0314
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Boca Raton, Fla 33431
(CITY/STATE/ZIP)

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.

P. Stuart
(SIGNATURE)

Sept. 11, 1998
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314