P98000101333

November 25, 1998

Department of State, Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

800002698248--0
-12/01/98--01008--001
*****52.50 *****52.50

Re: OASIS HOME HEALTH CARE AND MEDICAL INC.

800002698248--0
-12/01/98--01008--002
*****70.00 *****70.00

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of Oasis Home Health Care and Medical Inc. Also enclosed is a check in the amount of $70.00 as the appropriate filing fee. & $52.50

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,

Shirley Gregory

Shirley Gregory
40130 Caphor Rd., Lady Lake, FL 32159

FILED
98 DEC -1 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-7-98

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ARTICLES OF INCORPORATION

OF

OASIS HOME HEALTH CARE AND MEDICAL INC.

FILED
98 DEC -1 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Corporation is Oasis Home Health Care and Medical Inc.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 40130 Caphor Rd., Lady Lake , FL 32159.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000 shares of common stock with no par value.

ARTICLE IV

The address of the initial registered office of the Corporation is 40130 Caphor Rd., Lady Lake , Florida 32159, and the name of the Corporation's initial registered agent for service of process at such address is Shirley Gregory.

ARTICLE V

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

Shirley Gregory, 40130 Caphor Rd., Lady Lake, FL 32159.

IN WITNESS WHEREOF, I have hereunto set my hand this 25TH day of November, 1998.

Shirley Gregory

Shirley Gregory
40130 Caphor Rd., Lady Lake, FL 32159

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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 office/registered agent, in the State of Florida.

1. The name of the corporation is: Oasis Home Health Care and Medical Inc.

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

Shirley Gregory
40130 Caphor Rd., Lady Lake , Florida 32159

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.

SIGNATURE Shirley Gregory

DATE 11/25/98

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TALLAHASSEE, FLORIDA