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## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850)922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

C-CARE AT HOME, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION  
OF

C-CARE AT HOME, INC.

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

ARTICLE I NAME

The name of the corporation shall be: C-CARE AT HOME, INC.

The principal place of business of this corporation shall be:

1071 NE 158 Street, North Miami Beach, Fl 33162

ARTICLE II NATURE OF BUSINESS

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

ARTICLE III CAPITAL STOCK

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

500 Shares at \$1.00 Par Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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 successor(s) is(are) elected, is(are):

DIRECTOR:

Alfonso Guerra,  
1071 NE 158 Street,  
North Miami Beach, Fl 33162  
(305) 463-0975

PREPARED BY:

Michael I. Santucci, Esq.  
FBN 0105160  
5201 NW 74th. Ave.,  
Miami, Fl 33166  
1-800-714-6191

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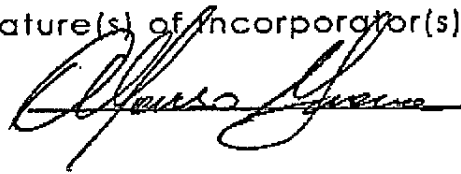
ARTICLE VI INCORPORATOR(S)

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

Alfonso Guerra  
1071 NE 158 Street  
North Miami Beach, Fl 33162

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 20th. day of January . 1999.

Signature(s) of incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

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:

C-CARE AT HOME, INC.

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

Alfonso Guerra, 1071 NE 158 Street

(P.O. BOX NOT ACCEPTABLE)

North Miami Beach, Fl 33162

(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNATURE

DIRECTOR

TITLE

DATE

1/20/99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

1/20/99

DATE