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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002336
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

HOME HEALTHCARE NETWORK, INC.

Certificate of Status	1
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ARTICLES OF INCORPORATION
OF

HOME HEALTHCARE NETWORK, 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:

HOME HEALTHCARE NETWORK, INC.

The principal place of business of this corporation shall be:

8350 NW 52 Terrace, #103 Miami, FL 33166

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):

Aida Salazar-Rebull, President
8350 NW 52 Terrace, #103
Miami, FL 33166

Nelson Salazar, Vice-President
8350 NW 52 Terrace, #103
Miami, FL 33166

Prepared By: Michael I. Santucci, Esq.
FBN 0105160
5201 NW 74 Ave.
Miami, FL 33166
Tel: 1-800-714-6191

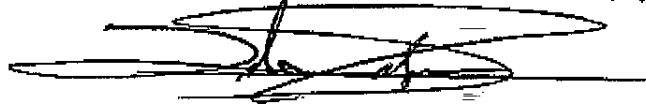
ARTICLE VI INCORPORATOR(S)

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

Nelson Salazar
8350 NW 52 Terrace, #103
Miami, FL 33166

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, 11 day of February 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:

HOME HEALTHCARE NETWORK, INC.

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

Nelson Salazar 8350 NW 52 Terrace, #103

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33166

(CITY/STATE/ZIP)

SIGNATURE 

TITLE Registered Agent

DATE 2/11/99

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 

DATE 2/11/99