TRANSMITTAL LETTER

Division of Corporations	0062264
P. O. Box 6327 Tallahassee, FL 32314	TALL'S JUL
SUBJECT: Access Home Healt	A /VC. ate name - must include suffix)
High The sail and a sa	300002923 65 3- -07/06/99010970 *****87.50 ******8
Enclosed is an original and one(1) copy of the articles of incorporation and a check for	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: [//AYNE S. Morehead] Name (Printed or typed)	
8907 Regents PX Daye Address	
Tampa, FC 33647 City, State & Zip	
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F. OHESSER JUL 1, 3 1999

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

ARTICLES OF INCORPORATION

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 shall be:

Access Home Health, Inc.

ARTICLE II PRINCIPLE OFFICE The principle place of business and mailing address of this corporation shall be:

8907 Regents Park Drive

Suite 370

Tampa, FL 33647

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is:

One million

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Wayne S. Morehead

8907 Regents Park Drive

Suite 370

Tampa, FL 33647

ARTICLE V INCORPORATOR

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

Wayne S. Morehead

8907 Regents Park Drive

Suite 370

Tampa, FL 33647

ARTICLE VI EFFECTIVE DATE

The effective date for this corporation is July 1, 1999.

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