TRANSMITTAL LETTER

Department of State Division of Compressions

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

SUBJECT:	RESPIRATORY HOME CAR (Proposed corpo	Te Consugarts I	πc.	- F
Enclosed is an origin	nal and one(1) copy of the article	300002955 -08/13/99 *****78.75 	5 *****78 . 25	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:		inted or typed) USTINE LOHO ddress		amine date \$\frac{20}{99}
	JACKSWVICLE, FL City, S (964) 367-0930 Daytime Tel	32207 State & Zip Jephone number	TALLAHASSEE, FL	FILED 99 AUG 13 PM

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

- 5 2/10/99

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.

The name of the corporation shall be:

Respiratory Home Care Consultants Inc.

ARTICLE II.

The principal place of business of this corporation shall be:

3107 Spring Glen Road. Suite #211 Jacksonville, Florida 32207

The mailing address of this corporation shall be:

3107 Spring Glen Road, Suite #211 Jacksonville, Florida 32207

ARTICLE III.

The number of shares of stock that this corporation is authorized to have outstanding at any one time will be1,000,000 common shares, of which 1,000,000 common shares will have equal voting rights.

ARTICLE IV.

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

Brian J. Smith 5700 St. Augustine Road Jacksonville, FL 32207

ARTICLE V.

The effective date of this corporation shall be August 20, 1999.

X/20/99

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ARTICLE VI.

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

Brian J. Smith 5700 St. Augustine Road Jacksonville, FL 32207

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 / Registered Agent