TRANSMITTAL LETTER

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

PhilAM Home Health Care, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate

□\$122.50 Filing Fee

3(\$131.25

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

5/7-79// Daytime Telephone number

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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 II PRINCIPA The principal place of business a	L OFFICE			
Ten Jong 5		his comoration shall h	ie:	
Indian Rock	Beach, Fo	33785	~	
ARTICLE III SHARE. The number of shares of stock to	at this corporation is au	thorized to have outs	tanding at any one time	is:
100	1		2	1
The name and Florida street add Feorge Ensor 700 Jand ST VI Indian Rocks 15 ARTICLE V INCORPO The name and address of the in	CT B each, FC 33 LATOR	3785 ⁻	are:	
Teorge Ensor 700 June 57 un Indian Rocks 1.	TB Legch, Fz.	33785	9/20/99	
Signature/Incorporati	or		Date	

(An additional article must be added if an effective date is requested.)

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