

Filing Fee: \$150.00



State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RI 02903-1335

Corp. I.D. # 87483

BUSINESS CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator (s) of a corporation under Chapter 7-1.1 of the General Laws, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

FIRST: The name of the corporation is

MERCURY MEDICAL NURSING SERVICES, INC.

(A close corporation pursuant to §7-1.1-51 of the General Laws, 1956, as amended) (strike if inapplicable)

SECOND: The period of its duration is (if perpetual, so state) PERPETUAL

THIRD: The purpose or purposes for which the corporation is organized are:

TO PROVIDE HOME HEALTH & NURSING SERVICES

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FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

- (a) *If only one class:* Total number of shares 2,000 SHARES - NO PAR VALUE
(If the authorized shares are to consist of one class only, state the par value of such shares or a statement that all of such shares are to be without par value.)

or

- (b) *If more than one class:* Total number of shares
(State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value, and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of title 7 of the General Laws in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.)

THE SHAREHOLDERS OF THIS CORPORATION MAY ACT WITHOUT A
MEETING IN ACCORDENCE WITH THE PROVISIONS OF SECTION
7-1.1-30.3 OF THE
RHODE ISLAND BUSINESS CORPORATION ACT

FIFTH: Provisions (if any) dealing with the preemptive right of shareholders pursuant to §7-1.1-24 of the General Laws, 1956, as amended:

NONE

SIXTH: Provisions (if any) for the regulation of the internal affairs of the corporation:

NONE

SEVENTH: The address of the initial registered office of the corporation is
649 JEFFERSON BLVD., WARWICK, RI 02886 (add Zip Code)
and the name of its initial registered agent at such address is:
DEAN M. DENUCCIO


Signature of registered agent

EIGHTH: The number of directors constituting the initial board of directors of the corporation is NONE and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

(If this is a close corporation pursuant to §7-1.1-51 of the General Laws, 1956, as amended, state the name (s) and address (es) of the officers of the corporation.)

Name	Address
NONE	

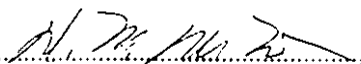
NINTH: The name and address of each incorporator is:

Name	Address
DEAN M. DENUCCIO	649 JEFFERSON BLVD., WARWICK, RI 02886

TENTH: Date when corporate existence to begin (not more than 30 days after filing of these articles of incorporation):

~~DECEMBER 15, 1995~~ 12-22-95

Dated December 15, 1995


Signature of each incorporator

STATE OF RHODE ISLAND } City
COUNTY OF } In the } of CRANSTON
Town }
in said County this 13 day of DECEMBER, A.D. 19 95
then personally appeared before me DEAN M. DENUCCIO

each and all known to me and known by me to be the parties executing the foregoing instrument,
and they severally acknowledged said instrument by them subscribed to be their free act and
deed.

John R. Grass Expires 5/97
Notary Public



"Health Care at Home"
A Division of Deanco Enterprises, Inc.

December 27, 1995

Secretary of State:

As President of Deanco Enterprises, Inc. d/b/a Mercury Medical, I consent the name "Mercury Medical" to be used for the newly formed corporation Mercury Medical Nursing Services, Inc.

If you have any further questions, please contact me at (401) 732-1170.

Sincerely,

Dean M. DeNuccio
Mercury Medical

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DEC 29 1995

ACORD INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

12/28/95

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER		COMPANY		BINDER NO.	
Troy and Fires 678 Central Avenue P.O. Box 2286 Pawtucket		National Union Fire			
RI 02861-0286		DATE	EFFECTIVE TIME	DATE	EXPIRATION TIME
		09/23/95	12:01 X	09/23/96	X 12:01 AM
			PM		NOON
CODE 06810 001	SUB-CODE	X THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO. HHAB012477			
INSURED		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
Mercury Medical Nursing Services Inc 649 Jefferson Blvd. Warwick		RI 02886			

TYPE OF INSURANCE		COVERAGE FORMS	AMOUNT	DEDUCTIBLE	CONSUL
PROPERTY CAUSES OF LOSS					
BASIC BROAD SPEC					
GENERAL LIABILITY					
X COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE	\$	3000000
CLAIMS MADE X OCCUR			PRODUCT - COMP/OP AGG.	\$	
OWNERS & CONTRACTORS PROT			PERSONAL & ADV. INJURY	\$	
X PROFESSIONAL			EACH OCCURRENCE	\$	1000000
RETRO DATE FOR CLAIMS MADE			FIRE DAMAGE (Any one fire)	\$	
			MED. EXPENSE (Any one person)	\$	
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT	\$	
ANY AUTO			BODILY INJURY (Per person)	\$	
ALL OWNED AUTOS			BODILY INJURY (Per accident)	\$	
SCHEDULED AUTOS			PROPERTY DAMAGE	\$	
HIRE AUTOS			MEDICAL PAYMENTS	\$	
NON-OWNED AUTOS			PERSONAL INJURY PROT.	\$	
GARAGE LIABILITY			UNINSURED MOTORIST	\$	
				\$	
AUTO PHYSICAL DAMAGE DEDUCTIBLE		ALL VEHICLES SCHEDULED VEHICLES	ACTUAL CASH VALUE		
COLLISION			STATED AMOUNT	\$	
OTHER THAN COLL.			OTHER	\$	
EXCESS LIABILITY			EACH OCCURRENCE	\$	
UMBRELLA FORM			AGGREGATE	\$	
OTHER THAN UMBRELLA FORM			SELF-INSURED RETENTION	\$	
RETRO DATE FOR CLAIMS MADE					
WORKERS COMPENSATION AND EMPLOYERS LIABILITY			STATUTORY LIMITS		
			EACH ACCIDENT	\$	
			DISEASE-POLICY LIMIT	\$	
			DISEASE EACH EMPLOYEE	\$	

SPECIAL CONDITIONS/OTHER COVERAGES

NAME & ADDRESS OF

MORTGAGEE

ADDITIONAL INSURED

LOSS PAYEE

DAY

AUTHORIZED REPRESENTATIVE

Andrew Troy

alt

ACORD 27 (9/7/90)

TOTAL P.02

DEC 29 1995

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