Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : NOEL W. BURNS, P.A.

Account Number : I20010000128 : (305)274-0333 Fax Number

: (305)274-0362



FLORIDA PROFIT CORPORATION OR P.A.

South Dade Medical Staffing, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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2003 JAN 10 AM 8: 20

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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 1- NAME

The name of the corporation shall be:

South Dade Medical Staffing, Inc.

ARTICLE II- PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

21242 SW 88th Pl. Miami, FL33189

ARTICLE III- SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ten thousand (10,000) Common Voting shares.

ARTICLE IV-PURPOSE and DURATION

The Corporation is formed for the purposes of conducting any business activities provided by Florida law. The Corporation shall have a perpetual existence and its existence shall only cease upon the Corporation's voluntary dissolution or as otherwise provided for in the case of an involuntary dissolution.

ARTICLE V-BOARD OF DIRECTORS

The Corporation's initial Board of Directors shall consist of:

President & Director:

Raisa Schubert 21242 SW 88th Pl. Miami, FL33189

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TATE AHASSEE FLORIDA

ARTICLE VI- INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Noel W. Burns 7700 N. Kendall Dr., Suite 505 Miami, FL 33156-1868

ARTICLE VII-INCORPORATOR

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

Noel W. Burns 7700 N. Kendall Dr., Suite 505 Miami, FL 33156-1868

Signature of Incorporator

1-10-03

Date

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 of Registered Agent

1-10-05

Date