

P96000039635

TRANSMITTAL LETTER

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

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\*\*\*\*\*960000\*\*\*\*\*

TALLAHASSEE, FLORIDA

95 MAY - 8 PM 3:03

FILED

SUBJECT: EASTERN MEDICAL STAFFING, INC.  
\_\_\_\_\_  
(Proposed corporate name- must include suffix)

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

(x) \$70.00    ( ) \$78.75    ( ) \$122.50    ( ) \$131.25

FROM: NESTOR ALFARAS  
\_\_\_\_\_  
Name (printed or typed)  
8455 S.W. 2nd STREET  
\_\_\_\_\_  
Address  
MIAMI, FL 33144  
\_\_\_\_\_  
City, State & Zip  
(305) 220-0940  
\_\_\_\_\_  
Daytime Telephone Number

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

BROWN MAY - 8 1996

FILED  
MAY - 8 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

EASTERN MEDICAL STAFFING, INC.

ARTICLE II PRINCIPLE OFFICE

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

8455 S.W 2nd STREET, MIAMI, FLORIDA, 33144

ARTICLE III SHARES

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NESTOR ALFARAS  
8455 S.W. 2nd STREET  
MIAMI, FL 33144

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

NESTOR ALFARAS  
8455 S.W. 2nd STREET  
MIAMI, FL 33144

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
TWENTY-NINE APRIL  
\_\_\_\_\_ day of \_\_\_\_\_, 1996.

  
Signature

-----o/o-----

\_\_\_\_\_  
Signature

-----o/o-----

\_\_\_\_\_  
Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

FILED  
95 MAY -8 PM 3:03  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: EASTERN MEDICAL STAFFING, INC.  
\_\_\_\_\_

2. The name and address of the registered agent and office is:  
NESTOR ALFARAS  
8455 S.W. 2nd STREET  
(P.O. Box not acceptable)  
MIAMI, FL 33144  
(City/ State/ Zip)

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)

4/29/1996