

P010000098642

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : INCORPORATETIME.COM, INC.
Account Number : I19990000221
Phone : (631) 224-9004
Fax Number : (631) 224-7979

FILED
01 OCT 10 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Remedy Nursing, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

OCT 10 2001

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ARTICLES OF INCORPORATION

***THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING
A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT,
HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.***

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE:

Remedy Nursing, Inc.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

17690 S. Dixie Hwy
Miami FL 33157

ARTICLE III -SHARES

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

2,000 shares at \$.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director: Bernard Mosconi, 5161 Sarazen Drive, Hollywood, FL 33021

Vice Pres/Director: Anthony N. Stein, 11959 SW 268th Terrace, Homestead, FL 33032

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Bernard G. Mosconi
17690 S. Dixie Hwy
Miami FL 33157

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ARTICLES VI - INCORPORATOR:

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

Kerry Walsh
Incorporatetime.com, Inc.
35-37 Carleton Avenue
Islip Terrace, NY 11752

KWalsh
Kerry Walsh, Incorporator

10/10/04
Date

Having been named registered agent and to accept service of process for the above stated corporation as 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 familiar with and accept the obligations of my position as registered agent.

B Mosconi
Bernard Mosconi, Registered Agent

10-5-9
Date

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TALLAHASSEE, FLORIDA

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