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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)541-3694

Fax Number

: (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

ASPEN NURSE ADVISORS, INC.

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Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION FOR ASPEN NURSE ADVISORS, INC.

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

ARTICLE L

The name of the corporation is: ASPEN NURSE ADVISORS, INC.

ARTICLE IL

The duration of the corporation shall be perpetual. The date and time of the commencement of the corporate existence of the corporation shall be the date of execution.

ARTICLE III.

The nature of the business and the objects and purposes to be transacted, promoted, or carried on by the corporation are to engage in any and all activities for which a corporation may be organized under the laws of the State of Florida. Additionally, the corporation shall have all the powers vested in a corporation organized under and existing by virtue of the laws of the State of Florida.

ARTICLE IV.

The corporation shall have the authority to issue not more than One Hundred (100) shares of a common class with a par value of \$0.001 per share which shall be designated "Common Shares".

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The shareholders are hereby granted preemptive rights. Each shareholder, upon the sale for cash of any new stock of the same kind, class or series as that which he or she already holds, shall have the right to purchase his or her pro rata share thereof at the price at which it is offered to others, which price may be in excess of par.

ARTICLE VI.

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors.

ARTICLE VIL

The corporations initial principal office and street address, both of which are the same, is:

ASPEN NURSE ADVISORS, INC. 1776 N. PINE ISLAND ROAD SUITE #318 PLANTATION, FL 33322

The name and address of the corporation's initial registered agent is:

ANDREW S. YAGODA, ESQ. ANDREW S. YAGODA, P.A. 1001 W. CYPRESS CREEK RD., SUITE 320 FORT LAUDERDALE, FLORIDA 33309

ARTICLE VIII.

The number of directors constituting the initial Board of Directors shall be one (1). The name and street address of the initial officers and directors are:

Officer / Director

MELISSA L. YAGODA 1340 Seabay Road Weston, FL 33326

ARTICLE VIIIL

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The names and street addresses of the incorporator(s) is/are:

MELISSA L. YAGODA 1340 Sea Bay Road Weston, FL 33326

ARTICLE X.

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XI.

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

EXECUTED in Broward County, Florida this 31 day of 3014, 2000.

MELISSA L. YAGODA, Incorporator

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 48.091 and 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Agent/Registered Office, in the State of Florida. This statement shall be made a part of the Articles of Incorporation of the corporation.

The name of the corporation and its registered office is:

ASPEN NURSE ADVISORS, INC. 1776 N. PINE ISLAND ROAD, SUITE 3318 Plantation, FI 33322

The name and address of the corporation's initial registered agent is:

ANDREW S. YAGODA, ESQ. ANDREW S. YAGODA, P.A. 1001 W. CYPRESS CREEK RD., SUITE 320 FORT LAUDERDALE, FLORIDA 33309. SECRETARY OF STATE
TALL AHASSEE FLORIDA

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.

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