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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT -3 AM 11:44

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NURSYNERGY, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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Certificate of Status

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 OCT -2 AM 10:41

RECEIVED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*****78.75 *****78.75

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 2, 2000

LAZARUS

MIAMI, FL

SUBJECT: NURSYNERGY, INC.
Ref. Number: W00000023854

We have received your document for NURSYNERGY, INC.. However, the document has not been filed and is being returned for the following:

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 100A00052158

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00 OCT - 3 AM 10: 51
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION
OF
NurSynergy, Inc

FILED
00 OCT -3 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscriber who is of legal age and competent to contract, for the purpose of forming a corporation under the laws of the State of Florida, hereby adopts and acknowledges the following Articles of Incorporation for this Corporation:

ARTICLE I

The name of this Corporation shall be:

NurSynergy, Inc

The principal address of this Corporation shall be:

152 NEVA DRIVE

WEST PALM BEACH, FLORIDA 33415

ARTICLE II

The general nature of this business and the objects and purposes proposed to be transacted and carried on is consulting, nursing services, to the same extent as natural persons might or could do and specifically the Corporation may engage in any activity or business permitted under the laws of the United States and/or the State of Florida.

ARTICLE III

The capital stock authorized the par value thereof, and the characteristics of such stock shall be as follows: \$1.00 par value, 500 shares authorized and 500 shares issued and outstanding.

Said stock shall be payable in whole or in part, in cash or other property, tangible or intangible, or in labor or services actually performed for the corporation, at such valuations as may be determined, from time to time, by the Board of Directors of the Corporation.

ARTICLE IV

This Corporation shall exist perpetually, unless sooner dissolved according to law, commencing on the date of the execution and acknowledgement of these Articles.

ARTICLE V

The street address of the initial registered office of this Corporation is **152 NEVA DRIVE, WEST PALM BEACH, FLORIDA 33415** and the same of the initial Registered Agent of this Corporation at that address is **RITA WHITCOMB**.

ARTICLE VI

The number of Director(s) of this Corporation shall initially be two (2). The Board of Directors shall manage this Corporation. The exact number of Director(s) may be increased or decreased, from time to time, by the Laws of the Corporation, but at no time shall there be less than one Director.

The name and street address of the initial Director(s) of the Corporation, who shall hold office for the first year or until successors are elected or appointed and have qualified, shall be:

<u>NAME</u>	<u>ADDRESS</u>
RITA WHITCOMB	152 NEVA DRIVE WEST PALM BEACH, FL 33415
REBECCA CRAIG	3325 ARTHUR STREET HOLLYWOOD, FL 33021

ARTICLE VII

The name and post office address of the Subscribers and the number of shares of stocks are as follows:

<u>NAME</u>	<u>ADDRESS</u>	<u>SHARES</u>
RITA WHITCOMB	152 NEVA DRIVE WEST PALM BCH, FL 33415	250
REBECCA CRAIG	3325 ARTHUR STREET HOLLYWOOD, FL 33021	250

ARTICLE VIII

No contract or other transaction between this Corporation and any other corporation, partnership, person, or other entity and no act of any of the directors, officers, or stockholders of the Corporation are pecuniarily or otherwise interested therein, or are directors, officers or stockholders thereof. Any director individually, or any firm of which any or otherwise interested in any contract or transaction of this Corporation, provided that the fact that he or such firm is so interested shall be disclosed or shall have been known to the Board of Directors or a majority thereof, and any director of this Corporation who is also a director, an officer or a stockholder such other Corporation or who is so interested may be counted in determining the existence of a quorum at any meeting of the Board of Directors of the Corporation which shall authorize any such contract or transaction with like force and effect as if he were not such director, officer, or stockholder of such other corporation, or not so interested.

ARTICLE IX

This Corporation reserves the right to name, alter, change or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, in the manner now or herein prescribed by statute, and any rights conferred upon the stockholders are subject to this reservation.

The private property of the Stockholders shall not be subject to the payment of the corporate debts in any extent whatsoever. The Corporation shall have a first lien on the shares of its members, and upon the dividends due them, for any indebtedness of such members of the Corporation.

IN WITNESS WHEREOF, the undersigned, being the original Subscriber to the capital stock herein above names, for the purposes of forming a Corporation to do business both within and without the State of Florida, under the laws of Florida, does make and files these Articles, hereby declaring and certifying that the facts herein stated are true, and agreeing to take the number of shares herein above set forth, this 29th day of Sept: 2000.

John Whelan
Rebecca Craig

STATE OF FLORIDA)

SS:

COUNTY OF MIAMI - DADE)

BEFORE ME, the undersigned authority personally appeared to me well known to me to be the individual described in, and he executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal at said County and State, this 29th day of Sept, ~~August~~ 2000.

Michael Goldberg
NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES: 12-17-03



Michael Goldberg
Commission # CC 880885
Expires Dec. 17, 2003
Bonded Thru
Atlantic Bonding Co., Inc

CERTIFICATE DESIGNATED PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHO MAY BE SERVED IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUES, THE FOLLOWING IS SUBMITTED:

FIRST THAT NurSynergy, Inc, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA. WITH ITS PRINCIPAL PLACE OF BUSINESS LOCATED IN THE CITY OF WEST PALM BEACH, STATE OF FLORIDA HAS NAMED RITA WHITCOMB FROM THE CITY OF WEST PALM BEACH, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE: *Rita Whitcomb*
TITLE: *President*
DATE: *8/24/00*

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE: *Rita Whitcomb*
(REGISTERED AGENT)
DATE: *8/24/00*

00 OCT 20 00 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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