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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 Phone : (305)541-3694 Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

DORAL PROFESSIONAL MEDICAL STAFFING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

OF

DORAL PROFESSIONAL MEDICAL STAFFING, INC.

The undersigned incorporator desires to form a corporation pursuant to Chapter 607, Florida Statutes and hereby adopts the following Articles of Incorporation for such corporation.

ARTICLE_I

NAME: The name of the corporation shall be DORAL PROFESSIONAL MEDICAL STAFFING, INC.

ARTICLE II

<u>PURPOSE AND POWER</u>: The purpose for which the corporation is formed is to engage in any activity and business permitted under the laws of the State of Florida.

ARTICLE III

PRINCIPAL OFFICE: The address of the corporation's principal place of business shall be: 8550 N.W. 33% STREET
Suite 200
Miami, Florida 33122

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ARTICLE IV

INCORPORATORS: The name and address of the incorporator is:

MARILYN CAPO 8550 N.W. 33RD STREET Suite 200 Miami, Florida 33122

ARTICLE V

SHARES OF STOCK: The aggregate number of shares of stock the corporation is authorized to issue is one hundred (100) shares, which shares shall be common stock having five dollars (\$5.00) par value.

ARTICLE VI

<u>DURATION</u>: The duration of the corporation shall be perpetual.

ARTICLE_VII

REGISTERED AGENT: The names and address of the permanent

registered agent is:

MARILYN CAPO

8550 N.W. 33^{Rb} STREET

Suite 200

Miami, Florida 33122

IN WITNESS THEREOF, I have executed these Articles of

Incorporation in , Miami-Dade County, Florida, on this 27 day

October, 2000.

MARILYN CAPO

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STATE OF FLORIDA) SS: HOOCOO56097

The foregoing instrument was acknowledged before me, under oath, on this 24 day of DC+Ober, 2000, by MARILYN CAPO who: is personally known or produced the following as identification ______ and who did take an oath.

NOTARY PUBLIC, STATE OF FL Commission No.: My Commission Expires:



CERTIFICATE

DORAL PROFESSIONAL MEDICAL STAFFING, INC. desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation at the City of Miami, County of Dade, State of Florida, as its agent to accept service of process within this state.

Having been named to accept service of process for the aboveattated corporation at a place designated in this certificate.

I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said

office.

MARILYN CAPO

Resident Agent

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