

TRANSMITTAL LETTER

P01000036597

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

SUBJECT: Advantage Medical Staffing of Florida Inc.
(Proposed corporate name - must include suffix)

600003963186--0
-04/06/01--01090--007
*****78.75 *****78.75

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Tim Cunningham
Name (Printed or typed)

2306 Trelaine DR. SOUTH
Address

St. Petersburg, FL 33712
City, State & Zip

727-898-8423 or 727-410-6405
Daytime Telephone number

FILED
01 APR -6 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10-11-01
WC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be:

Advantage Medical Staffing
of Florida Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

2306 Trelaine Drive South
St. Petersburg, FL 33712

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Temporary Medical Staffing
Agency.

ARTICLE IV SHARES
The number of shares of stock is:
100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS
The name(s) and address(es):

President: Timothy Cunningham
2306 Trelaine DR. SO. St. Pete, FL 33712
Treasurer: Geraldine Daniels
2314 Trelaine DR. SO. St. Pete, FL 33712
Secretary: Earnestine Cunningham
1301 54th AV SO. St. Pete FL 33705

ARTICLE VI REGISTERED AGENT
The name and Florida street address registered agent are:

Timothy Cunningham
2306 Trelaine DR. SOUTH
St. Petersburg FL 33712

ARTICLE VII INCORPORATOR
The name and address of the Incorporator are:

Timothy Cunningham
2306 Trelaine DR. SOUTH
St. Petersburg FL 33712

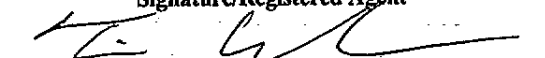
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating 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/Registered Agent

4/3/01

Date



Signature/Incorporator

4/3/01

Date

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TALLAHASSEE, FLORIDA