

Tallahassee, FL 32314

TRANSMITTAL LETTER

FILED --

OI NOV -5 PM 3: 55

SECIALTARY OF STATE TALLAHASSEE, FLORIDA

Department of Stat Division of Corporations
P. O. Box 6327

SUBJECT: N. A. N. M. /NC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	_
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	870 NORTH EAST	Printed or typed)	10000466 -11/05/01- *****78.7	01039001
-	NORTH MIAMI City/S	FC 33/6 State & Zip	/	

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



ARTICLES OF INCORPORATION FILED EFF: 10/26/01 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 01 NOV -5 PM 3: 55 ARTICLE I NAME SECRETARY OF STATE TALLAHASSEE, FLORIDA The name of the corporation shall be: N. A. N M. INC. ARTICLE II PRINCIPAL OFFICE 870 NORTH EAST 122 STREET The principal place of business/mailing address is: NORTH MIAMI, FL. 3316 1 ARTICLE III The purpose for which the corporation is organized is: PROVIDE CARE IN HOSPITAL WITH NURSING SERVICES 1,000 Shares @ par. 1.00 ARTICLE IV The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): RAY CZARNIK - 870 NORTH EAST 182 STREET Bee/Frea. NORTH MIAMI, FL. 33161 REGISTERED AGENT The name and Florida street address of the registered agent is: RAY CZARNIK - 870 NORTH EAST 122 STREET NORTH MIAM, FL. 33161 The name and address of the Incorporator is: Ray CZARNIK -810 NORTH EAST- 122 STREET NORTH MIAMI FL. 33161 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity