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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 16 AM 10:39

APRIL 10, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

SUBJECT: GOLDEN GIRLS NURSE REGISTRY OF BROWARD, INC.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION
AND CERTIFICATED OR REGISTERED AGENT AND REGISTERED OFFICE, AND A CHECK
FOR \$70.00

PLEASE MAIL THE COMPLETED FILED DOCUMENTS TO ME AT:

IRA STRICKMAN
10519 NW 10TH STREET
PLANTATION, FLORIDA 33322

700005281907--8
-04/16/02--01033--001
*****70.00 *****70.00

VERY TRULY YOURS,

IRA STRICKMAN

4-23

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 16 AM 10:39

ARTICLES OF INCORPORATION OF
GOLDEN GIRLS NURSE REGISTRY OF BROWARD, INC.

THE UNDERSIGNED FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE TERMS OF THE FLORIDA GENERAL CORPORATIONS ACT DOES HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE ONE

NAME OF CORPORATION

THE NAME OF THE CORPORATION IS GOLDEN GIRLS NURSE REGISTRY OF BROWARD, INC.

ARTICLE TWO

PRINCIPAL OFFICE

THE PRINCIPAL OFFICE OF THE CORPORATION WILL BE: 10519 NW 10TH STREET, PLANTATION, FLORIDA 33322.

ARTICLE THREE

PURPOSE

THE CORPORATION MAY TRANSACT ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATIONS ACT.

ARTICLE FOUR

INITIAL CAPITAL

THE AMOUNT OF THE INITIAL CAPITAL WITH WHICH THIS CORPORATION SHALL BEGIN BUSINESS SHALL BE FIVE HUNDRED (\$500) DOLLAR.

ARTICLE FIVE

SHARES

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION HAS AUTHORITY TO ISSUE IS 5,000 SHARES, ALL OF WHICH SHALL BE COMMON SHARES AND SHALL HAVE A PAR VALUE OF ONE (\$1.00) DOLLAR.

ARTICLE SIX

TERM OF EXISTENCE

THE DURATION OF THIS CORPORATION IS PERPETUAL.

ARTICLE SEVEN

INITIAL REGISTERED AGENT AND ADDRESS

THE NAME OF THE INITIAL REGISTERED AGENT IS:

IRA STRICKMAN

THE STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:

10519 NW 10TH STREET PLANTATION, FLORIDA 33322

ARTICLE EIGHT

INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

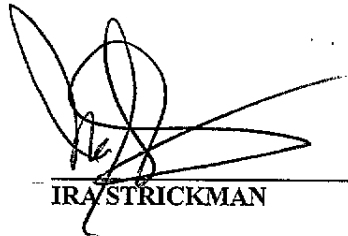
NAME

ADDRESS

IRA STRICKMAN

10519 NW 10TH STREET
PLANTATION, FLORIDA 33322

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL THE 10TH DAY OF
APRIL, 2002.



IRA STRICKMAN

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF REGISTERED AGENT AND REGISTERED OFFICE

02 APR 16 AM 10:39

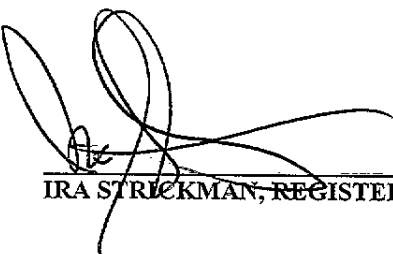
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZING UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPOATION IS: GOLDEN GIRLS NURSE
REGISTRY OF BROWARD, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

IRA STRICKMAN
10519 NW 10TH STREET
PLANTATION, FLORIDA 33322

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 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.



IRA STRICKMAN, REGISTERED AGENT



DATE