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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314 OZ JUN 27 PM 2: 45
TALLAHASSEE. FLORIDA

300006058133--4 -06/27/02--01021--008 ******78.75 ******78.75

SUBJECT: PALM NURSING SERVICES, INC.

Enclosed is an <u>original and one (1) copy</u> of the articles of incorporation and a check for <u>\$78.75 (Filing Fee & Certified Copy)</u>.

FROM:

__ANNETTE GRINSTED

4074 Colt Lane West Palm Beach, FL 33406

DB6/27

ARTICLES OF INCORPORATION



OZ JUN 27 PM 2: 45 TALLAHASSEE OF STATE

ARTICLE I - NAME

The name of this corporation is PALM NURSING SERVICES, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal office and mailing address of this corporation is 4074 Colt Lane, West Palm Beach, Florida 33406.

ARTICLE III - DURATION

This corporation shall exist perpetually commencing as of the date these articles are filed with the Secretary of State's office.

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of providing nursing assessment consulting services and any other lawful business activity.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue One Thousand (1000) shares of One (\$1.00) Dollar par value common stock.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 4074 Colt lane, West Palm Beach, FL 33406 and the name of the initial registered agent of this corporation at that address is Annette Grinsted.

ARTICLE VII - BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be increased from time to time by the bylaws but shall never be less than one (1). The name and address of the initial director of this corporation is Annette Grinsted, 4074 Colt Lane, West Palm Beach, FL 33406.

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles is: Annette Grinsted, 4074 Colt Lane, West Palm Beach, FL 33406.

ARTICLE IX - OFFICERS

The following named person(s) shall be officers of this corporation from its inception and until their successors are duly elected and qualify:

Annette Grinsted: President, Treasurer & Secretary.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or appeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

ARTICLE XI - FISCAL YEAR

This corporation's Fiscal year shall be the calendar year.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this _____ day of June, 2002.

Annette Grinsted

STATE OF FLORIDA

SS

COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Annette Grinsted, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this day of June, 2002.

Notary Public, State of Florida

My Commission Expires:

[NOTARY SEAL]

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MY COMMISSION & CCESSOS 4 EXPIRES

June 21, 2003

BONDED THRU TROY FAIN BENERANCE, INC.

SECRETARY OF PH 245 CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Section 607.0501, Florida Statutes, following is submitted in compliance therewith:

That PALM NURSING SERVICES, INC. designates the name and address of its registered agent to accept service of process within this State as follows:

> Annette Grinsted 4074 Colt Lane West Palm Beach, Florida 33406

ACKNOWLEDGEMENT:

Having been named to accept service of process for the abovestated corporation, at the above-stated address in this State, 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

STATE OF FLORIDA COUNTY OF PALM BEACH

(NOTARIAL SEAL)

My Commission expires: