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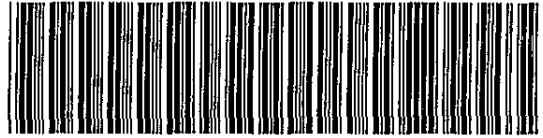
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Professional Care Staffing, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Theresa Mannari
Name (Printed or typed)

9011 Briarwood Drive
Address

Seminole FL 33772
City, State & Zip

727-397-2509
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 13, 2002

THERESA MANNARI
9011 BRIARWOOD DRIVE
SEMINOLE, FL 33772

SUBJECT: PROFESSIONAL CARE STAFFING, P.A.
Ref. Number: W02000032392

We have received your document for PROFESSIONAL CARE STAFFING, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filing Section

Letter Number: 102A00061570

**Articles of Incorporation
of
PROFESSIONAL CARE STAFFING,
Inc.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of FLORIDA, in compliance with Chapter 607 and/or Chapter 621, F.S. (profit) hereby certifies as follows:

**ARTICLE I
CORPORATE NAME**

The name of this corporation is PROFESSIONAL CARE STAFFING, Inc.

**ARTICLE II
INITIAL OFFICE AND AGENT**

The address of this Corporation's initial registered office and the name of its original registered agent at such address is:

THERESA MANNARI
9011 BRIARWOOD DRIVE, SEMINOLE, FL 33772

**ARTICLE III
PURPOSES**

The purpose of the Corporation is to provide nursing services and otherwise engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of FLORIDA.

**ARTICLE IV
STOCK**

The aggregate number of shares of stock which this Corporation shall have authority to issue is 10,000 shares of \$0.10 par value nonassessable common stock.

**ARTICLE V
CORPORATION BY-LAWS**

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

ARTICLE VI LIABILITY OF DIRECTORS

Pursuant to the General Corporation Laws of the State of FLORIDA, any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

ARTICLE VII BOARD OF DIRECTORS

The name and address of each person serving as a member of the initial Board of Directors are:

MARIE SILVERS
2738 ROOSEVELT BOULEVARD, CLEARWATER FLORIDA 33760

THERESA MANNARI
9011 BRIARWOOD DRIVE, SEMINOLE, FL 33773

ARTICLE VIII INCORPORATORS

The name and address of the incorporators are:

MARIE SILVERS
2738 ROOSEVELT BOULEVARD, CLEARWATER, FLORIDA 33760

THERESA MANNARI
9011 BRIARWOOD DRIVE, SEMINOLE, FLORIDA 33772

ARTICLE IX PREEMPTIVE RIGHTS

Each shareholder of the Corporation shall be entitled to full preemptive rights to acquire a proportional number of the treasury shares of the Corporation which may be issued by the Corporation.

ARTICLE X TERM OF EXISTANCE

This Corporation is to exist perpetually.

IN WITNESS WHEREOF, the incorporator(s) has/have hereunto set his/her/their hand this 5 day of November, in the year of 2002.

INCORPORATOR(S):

Theresa Manna
Signature

Marie Sifers
Signature

STATE OF Florida

COUNTY OF Pinellas

On the 5 day of November, 2002, personally appeared before me Marie Sifers & Theresa Manna, the signer(s) of the within instrument, who duly acknowledged to me that they executed the same.

Marie E. Straight
Notary Public

420 Bay Ave. Clearwater, Fl.
Residing at:

2-27-05
My Commission expires:



Marie E. Straight
MY COMMISSION # CC983118 EXPIRES
February 27, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED:
IN COMPLIANCE WITH SECTION 48.091/ FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:

FIRST, THAT PROFESSIONAL CARE STAFFING, INC., desires to organize or qualify under the laws of
the State of Florida, with its principal place of business at 9011 BRIARWOOD DRIVE, SEMINOLE,
FLORIDA, 33772.

Marie S. Silvers

Marie S. Silvers

Theresa A. Mannari

Theresa A. Mannari

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY AGREE TO
ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF
ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

DATED 11-15-02.

STATE OF FLORIDA
COUNTY OF PINELLAS

Theresa A. Mannari

Theresa A. Mannari

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County
aforesaid, to take acknowledgements, personally came THERESA A. MANNARI, to me known to be the
person described in and who executed the foregoing Certificate and acknowledged before me that she
executed the same for the purpose therein expressed, and produced Florida Drivers License
Id. as identification.

WITNESS my hand and official seal in the County and State
aforementioned this day 11-15-02.

Marie E. Straight
NOTARY PUBLIC



Marie E. Straight
MY COMMISSION # CC963118 EXPIRES
February 27, 2005
BONDED THROUGH TROY FAIN INSURANCE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA