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Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**YMEM NURSING CORP.**

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## ARTICLES OF INCORPORATION FOR

### YMEM NURSING CORP.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I

The name of the corporation shall be:

### YMEM NURSING CORP.

#### ARTICLE II

This corporation shall commence existence upon the date of filing with Division of Corporations, state of Florida, and shall have perpetual existence.

#### ARTICLE III

The principal place of business and mailing address of this corporation shall be:

680 N.E. 4<sup>TH</sup> PLACE  
HIALEAH, FL 33010

#### ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

#### ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$1.00 Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation:

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**ARTICLE VI**

The name(s) and address(es) of the initial Registered Agent of this corporation shall be:

EMILIO OLIVA  
680 N.E. 4<sup>TH</sup> PLACE  
HIALEAH, FL 33010

**ARTICLE VII**

The name and address of the officers and initial board of directors shall be:

EMILIO OLIVA (P)  
680 N.E. 4<sup>TH</sup> PLACE  
HIALEAH, FL 33010

**ARTICLE VIII**

The name and address of the incorporator executing these Articles of Incorporation is:

EMILIO OLIVA  
680 N.E. 4<sup>TH</sup> PLACE  
HIALEAH, FL 33010

The undersigned has executive these Articles of Incorporation  
this 30<sup>TH</sup> day of JAN., 2003

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p. 4

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE AT THE PALACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS POSITION AS REGISTERED AGENT.

  
REGISTERED AGENT/INCORPORATOR