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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: CAREGIVER MEDICAL STAFFING, INC.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: MARVA M. WALLACE  
Name (Printed or typed)

18180 North West 68th Avenue, Suite # 206  
Address

Miami, Florida. 33015  
City, State & Zip

(305) 593- 8233 Ext.21      (305) 333-1690 Cell-Phone  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

CAREGIVER MEDICAL STAFFING, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18180 North West 68th Avenue, Suite # 206

Miami, Florida. 33015

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Lawful Business

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Marva M. Wallace /President & CEO

Paul St. Hope Crawford/Executive Vice-President

18180 North West 68th Avenue, Suite # 206

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Miami, Florida. 33015

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### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Marva M. Wallace

18180 North West 68th Avenue, Suite # 206

Miami, Florida. 33015

### ARTICLE VII INCORPORATOR

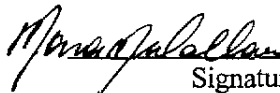
The name and address of the Incorporator is:

Marva M. Wallace

18180 North West 68th Avenue, Suite # 206

Miami, Florida. 33015

\*\*\*\*\*  
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

 /Marva M. Wallace  
Signature/Registered Agent

May 2nd, 2003

Date

 /Marva M. Wallace  
Signature/Incorporator

May 2nd, 2003

Date

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