

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : INCORPORATETIME.COM, INC.
Account Number : I19990000221
Phone : (631) 224-9004
Fax Number : (631) 589-2848

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

Cape Coral nursing service Inc.

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

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ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE:

Cape Coral nursing service Inc.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

2123 SE 14th Street
Cape Coral, FL 33990

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

2000 shares at \$.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director: Kimberly Graves 2123 Se 14th Street, Cape Coral, FL 33990

V. President/Director: Paul Graves 2123 Se 14th Street, Cape Coral, FL 33990

Secretary/Director: Carol Toth 921 Se 21st Ave, Cape Cape, FL 33990

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

Kimberly Graves
2123 Se 14th Street, Cape Coral, FL 33990

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ARTICLE VI-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Kerry Walsh
IncorporateTime.com, Inc.
35-37 Carleton Avenue, Suite 200
Islip Terrace, NY 11752

Kerry Walsh, Incorporator

9/2/03
Date

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate 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 and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kimberly D. Graves
Kimberly Graves, Registered Agent

8/29/03
Date

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