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W03-25237



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2003 SEP 30 AM 11:18  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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JS

10/2/03

# TRANSMITTAL LETTER

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2003 SEP 30 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: MEDISTAR, Health Care Professionals Age  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: MEDISTAR, Health Care Professionals Inc  
Name (printed or typed)

7921 NE 2nd Ave  
Address

MIAMI FL 33138  
City, State & Zip

(305) 7514002 or (954) 8739955  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

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2003 SEP 30 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

September 4, 2003

MEDI STAR HEALTH CARE PROFESSIONALS AGENCY INC  
7921 NE 2ND AVENUE  
MIAMI, FL 33138

SUBJECT: MEDI STAR HEALTH CARE PROFESSIONALS AGENCY, INC  
Ref. Number: W03000025237

We have received your document for MEDI STAR HEALTH CARE PROFESSIONALS AGENCY, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6973.

Claretha Golden  
Document Specialist  
New Filings Section

Letter Number: 503A00049347

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

03 SEP 30 AM 12:30

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ARTICLES OF INCORPORATION  
OF

**FILED**

2003 SEP 30 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

~~MEDISTAR, HEALTH CARE PROFESSIONALS AGENCY, INC~~

The undersigned subscriber(s) to these Articles of Incorporation, competent to contract, hereby form(s) a corporation under the laws of the State of Florida.

**ARTICLE I: NAME**

The name of the corporation shall be: MEDISTAR,  
HEALTH CARE PROFESSIONALS AGENCY, INC

The principal place of business of this corporation shall be:

7921 N E, 2ND AVE  
MIAMI FLORIDA 33138      PHONE: (305) 7514002

**ARTICLE II: NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United states, the State of Florida, or any other state, county, territory or nation.

TO PROMOTE RECRUITMENT, PLACEMENT OF NURSING PERSONNEL.

**ARTICLE III: CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time of 1,000 shares of common stock having a par value of \$100 per share.

1000 SHARES

**ARTICLE IV: REGISTERED AGENT AND OFFICE**

The street address of the initial registered office of the corporation shall be:

7921 NE 2ND MIAMI FLORIDA 33138  
PHONE( 305) 7514002 or ( 954) 8739955

and the name of the initial registered agent of the corporation at that address is:

OSNI EUGENE

#### ARTICLE V: TERM OF EXISTENCE

This corporation is to exist perpetually.

PERPETUALLY

#### ARTICLE VI: OFFICERS AND DIRECTORS

This corporation shall have officers and director(s), initially. The name(s) and street address(es) of the initial officer(s) and director(s) who shall hold office for the first year of the corporation, or until their successor is elected, are:

DR OSNI EUGENE

MRS MARIE M. DOLE

ERMANE G. ROBIN, MD MPH

#### ARTICLE VII: SUBSCRIBER(S)

The name(s) and street address(es) of the subscriber(s) to these Articles of Incorporation are:

DR OSNI EUGENE

8520, SHERATON DR MIRAMAR FL 33025

MRS MARIE M. DOLE


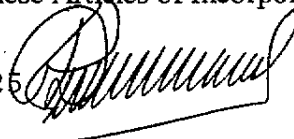
8024 SW 21 CT

MIRAMAR FL 33025

ERMANE G. ROBIN, MD MPH

320 NW 185 TER

MIAMI, FL 33169



IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these Articles of Incorporation this August, 12, 2003.



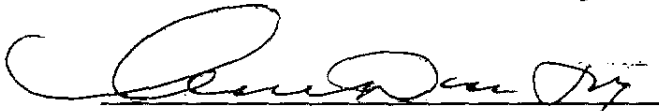
Incorporator(s)

STATE OF FLORIDA  
COUNTY OF

Before me, a notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared,

known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (she) acknowledged before me that he (she) (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and County aforesaid, this 12 Day of August, 2003



Notary Public

My Commission expires: 9/26/2006

(SEAL)



Emmanuel Dubois  
My Commission DD146564  
Expires September 26, 2006

I hereby accept designation of Registered Agent.



Registered Agent

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.


1. The name of the corporation is: MEDISTAR, HEALTH CARE PROFESSIONALS AGENCY  
INC.

2. The name and address of the registered agent and office is:

OSNI EUGENE  
(NAME)  
7921 NE 2ND AVE  
MIAMI FLORIDA 33138 PHONE ( 954 ) 8739955  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
MIAMI FLORIDA 33138  
(CITY/STATE/ZIP)

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2003 SEP 30 AM 11:18  
CLERK OF STATE  
TALLAHASSEE FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at 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.*

  
(SIGNATURE)

09/26/2003  
(DATE)