

P04000168610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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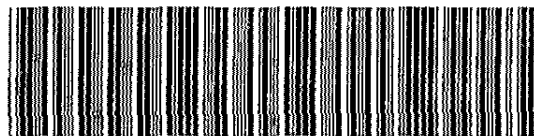
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

12-16-04  
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## TRANSMITTAL LETTER

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

SUBJECT: CASSEDAY MEDICAL STAFFING CO.  
(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: JUANITA CASSEDAY  
Name (Printed or typed)

8269 SW 100 LN RD  
Address

Ocala FL 34481  
City, State & Zip

352-873-1335  
Daytime Telephone number

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

ARTICLES OF INCORPORATION

**ARTICLE I**

**NAME**

The name of the corporation shall be:  
Casseday Medical Staffing Co.

**ARTICLE II**

**PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
8269 SW 100 Ln Rd  
Ocala FL 34481

**ARTICLE III**

**PURPOSE**

The purpose for which the corporation is organized is:  
To provide professional staffing for medical offices

**ARTICLE IV**

**SHARES**

The number of shares of stock is:  
100,000 shares of no par stock

**ARTICLE V**

**INITIAL OFFICERS AND/OR DIRECTORS**

The initial officers of the corporation are:  
President/Secretary      Juanita Casseday  
8269 SW 100 Ln Rd  
Ocala FL 34481

**ARTICLE VI**

**REGISTERED AGENT**

The registered agent is:      Juanita Casseday  
8269 SW 100 Ln Rd  
Ocala FL 34481

**ARTICLE VII**


**INCORPORATOR**

The incorporator is:      Juanita Casseday  
8269 SW 100 Ln Rd  
Ocala FL 34481

.....  
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.

  
\_\_\_\_\_  
Signature/Registered Agent

12-09-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12-09-04  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA