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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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FLORIDA PROFIT CORPORATION OR P.A.

marcy L. johnson, arnp, pa

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ARTICLES OF INCORPORATION

OF

Marcy L. Johnson, ARNP, PA

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MARCY L. JOHNSON, ARNP, PA

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4100 TIVOLI COURT #307
LAKE WORTH, FLORIDA 33467

ARTICLE IV PURPOSE

The purpose of this corporation shall be: NURSE PRACTITIONER,
NURSE CONSULTANT

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares having an individual par value of \$ 5.00.

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MARCY L. JOHNSON
4100 TIVOLI COURT #307
LAKE WORTH, FLORIDA
33467

ARTICLE VII BOARD OF DIRECTOR(S)

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

MARCY L. JOHNSON
4100 TIVOLI COURT #307
LAKE WORTH, FL 33467

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

MARCY L. JOHNSON
4100 TIVOLI COURT #307
LAKE WORTH, FL 33467

The undersigned has (have) executed these Articles of Incorporation
this 1st day of August, 2005


INCORPORATOR

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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 PLACE 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 AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



REGISTERED AGENT

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