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Florida Department of State
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-0696
Fax Number : (305)672-9110

FLORIDA PROFIT CORPORATION OR P.A.

AMNA Healthcare Services, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

AMNA Healthcare Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15271 NW 60th Avenue, Suite 106, Miami Lakes, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in the business of health care services as prescribed and regulated by the Agency of Health Care Administrative and all other lawful business as permitted under Florida law.

ARTICLE IV SHARES

The number of shares of stock is:

100 authorized common shares at \$10 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jeannie Cruz, 14511 SW 162 Street, Miami, FL 33177
President, Treasurer, Assistant Secretary and Director

Nelson Gonzalez, 5450 West 1st Avenue, Hialeah, FL 33012
Vice President and Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corporate Creations Network Inc.
11380 Prosperity Farms Road, Suite 221E
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeannie Cruz, 14511 SW 162 Street, Miami, FL 33177

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

Signature/Incorporator

Date

Date