

P060000013967

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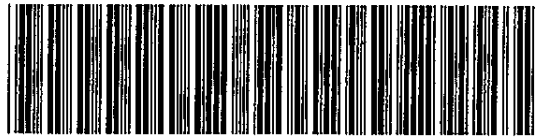
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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VH

Accu-Tax & Accounting

Accounting • Income Tax • Financial Services
Notary Public • Business Consultant

DESMOND MARSH
Accountant

7900 N.W. 27th Ave., # 169
Northside Shopping Center
Miami, FL 33147
Tel: (305) 836-1040
Fax: (305) 836-1045

6115 Miramar PKWY.
Suite D
Miramar, FL 33023
Tel: (954) 966-0063

Please return to
7900 NW 27 Ave
169
Miami FL 33147

Desmond Marsh

Bank of America. 

ARTICLES OF INCORPORATION

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **Family Care Nurse Registry Fort Myers, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be :

24 NW 12 Place
Cape Coral, FL 33993

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lucille Hunter-Burrell

24 NW 12 Place

Cape Coral, FL 33993

ARTICLE V INCORPORATOR(S)

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

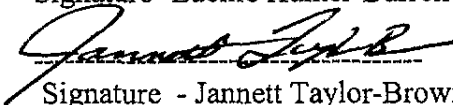
Lucille Hunter-Burrell- President - 24 NW 12 Place, Cape Coral Fl 33993

Jannett Taylor-Brown- V/P - 24 NW 12 Place, Cape Coral Fl 33993

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 12th day of January, 2006.



Signature- Lucille Hunter-Burrell



Signature - Jannett Taylor-Brown

Signature



Sworn to and subscribed to me this 12th day of January, 2006.



Notary Public



**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: **Family Care Nurse Registry Fort Myers, Inc.**

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

Lucille Hunter- Burrell

24 NW 12 Place

Cape Coral, Fl 33993

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 and accept the obligations of my position as registered agent.

✓ *Burrell*
Signature

1/19/06
Date

06 JAN 25 PM 4:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA