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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

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FLORIDA PROFIT/NON PROFIT CORPORATION

ROSA E. VARGAS P.A.

Certificate of Status	1
Certified Copy	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ROSA E. VARGAS P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15020 SW 89TH TERR RD
MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NURSING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROSA E. VARGAS (PRESIDENT/DIRECTOR)
15020 SW 89TH TERR RD
MIAMI, FL 33196

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ROSA E. VARGAS
15020 SW 89TH TERR RD
MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROSA E. VARGAS
15020 SW 89TH TERR RD
MIAMI, FL 33196

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

x *R. Vargas*

Signature/Registered Agent

01/12/2007

Date

x *R. Vargas*

Signature/Incorporator

01/12/2007

Date

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