

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

Descending Dove Nurse-Midwifery Inc.

Certificate of Status	0
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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:

Descending Dove Nurse-Midwifery Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

330 Holly Avenue

Port Saint Lucie, Florida 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT, SECRETARY & TREASURER:

Jylynn Irene Krentz

330 Holly Avenue

Port Saint Lucie, Florida 34952

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DIVISION OF CORPORATIONS

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DESCENDING DOVE NURSE-MIDWIFERY INC.

ARTICLE VI REGISTERED AGENT

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

Jylynn Irene Krentz

330 Holly Avenue

Port Saint Lucie, Florida 34952

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

Jylynn Irene Krentz


330 Holly Avenue

Port Saint Lucie, Florida 34952

Having been named as registered agent to accept service of process for the above 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.


JYLYNN IRENE KRENTZ / REGISTERED AGENT

12/27/07
DATE


JYLYNN IRENE KRENTZ / INCORPORATOR

12/27/07
DATE

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