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SECRETARY OF STATE
ALLAHASSEF, FI OBIA

EFFECTIVE DATE

c.g. 2-11

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

203 258 79 7/ Daytime Telephone Number

CERTIFICATE OF DOMESTICATION F/
The undersigned, Mary VanAlshue , Hesident 2008 FEB , (Name) (Title)
of EXR MEdical Resonal & Nurses Registry a foreign corporation, SEE, F. (Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:
1. The date on which corporation was first formed was <u>June 1</u> , <u>2001</u> .
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was FAIRFIELD, CT.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication
was EXR Medical Personnel + Burses Rogistry.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to
s. 607.0202 and 607.0401 with this certificate is Ex R Hedical Personn / 1
Nurses Registry
The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.
am President, of Ex & Freducal Personal + Truse Regarty
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 1 day of Feb. , 2006.
Mary Van Auster (Authorized Signature)
Filing Fee:
Certificate of Domestication \$50.00 Articles of Incorporation and Certified Copy \$78.75 Total to domesticate and file \$128.75

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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

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ARTICLE I NAME	2008 FFR 11 500
THE NAME OF THE CORPORATION SHALL BE:	2008 FEB 11 PM 4: 07
THE NAME OF THE CORPORATION SHALL BE: EXR Medical Personnel & Nurses Rogestry, Inc. ARTICLE II PRINCIPAL OFFICE	TALLARY OF STATE
ARTICLE II PRINCIPAL OFFICE	TEANASSEE. FLORIDA
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:	
8320 Muie Field Way	
Poet St. Lucie, Horida 34986	
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:	
ARTICLE IV SHARES	WE DATE
ARTICLE IV SHARES	30 /
100 Mandelbare 30	
ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS	
	Ine. \
THE NAME (S) AND ADDRESS (ES) AND SPECIFIC TITLES: MARCI VAN ALSTINE 8320 Musefield Way Fort St Lucie Ft 34986) Treasurer Fort St Lucie Ft 34986) Treasurer Fort St Lucie Ft 34986) Treasurer	Vice
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And SI July It 34986 Treasurer fort St Lucie	7 Cambre
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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRÉSS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT AND STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT ADDRESS (P.O. BOX NOT ACCEPTABLE) (P.O. BO	CENT IC.
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AKTIOLE VII MCORI OKATOK	
THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Mary Vanadeline	
2320 Mungeera W	
fort of Lucie 17 34916	
***********************	*****
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR	1
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAN	
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACIT.	r.
Thany Vandelestine 2/8/08	· .
Signature/Registered Agent Date	
Many Tan Chestere 2/8/1/1	
Signature/Incorporator Date	
	1