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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 : I2C070000160 Phone : (8C0)494-3124

Fax Number : (561) 455-9885

FLORIDA PROFIT/NON PROFIT CORPORATION

Nurseworks, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

ECRETARY OF STATE

APPROVED

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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:

Nurseworks, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8400 Trent Court Suite D.

Boca Raton, FL 33433.

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

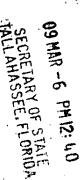
The name(s), address(es), and title(s) of the directors and officers is/are:

Director

Kerri Ann Simmonds.

8400 Trent Court Suite D.

Boca Raton, FL 33433



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ARTICLE VI REGISTERED AGENT

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

Kerri Ann Simmonds. 8400 Trent Court Suite D Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

Kerri Ann Simmonds. 8400 Trent Court Suite D Boca Raton, FL 33433

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.

Kerri Ann Simmonds. / Registered Agent

Kerri Ann Simmonds, /iricorporator

03/05/09 Date

Date

03/05/0

Date

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APPROVE AND FILED