

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**PROFESSIONAL NURSING CARE, CORP.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I**

#### **NAME**

The name of the corporation shall be: PROFESSIONAL NURSING CARE, CORP.

### **ARTICLE II**

#### **PRINCIPAL OFFICE**

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

11111 BISCAYNE BLVD. #2010  
MIAMI, FL. 33181

### **ARTICLE III**

#### **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

### **ARTICLE IV**

#### **INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

ITSVAN TEJERA  
11111 BISCAYNE BLVD. #2010  
MIAMI, FL. 33181

Prepared by: ITSVAN TEJERA  
11111 BISCAYNE BLVD. #2010  
MIAMI, FL. 33181  
305 244-4294

Electronically Sent By: BUSINESS LICENSES, INC.  
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**ARTICLE V  
INCORPORATOR(S)**

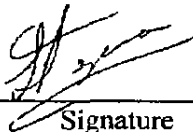
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ITSVAN TEJERA  
11111 BISCAYNE BLVD. #2010  
MIAMI, FL. 33181

DIRECTOR & PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of MAY, 2009.



Signature

Signature

Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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: PROFESSIONAL NURSING CARE, CORP.

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

ITSVAN TEJERA  
11111 BISCAYNE BLVD. #2010  
MIAMI, FL. 33181

*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 with and accept the obligations of my position as registered agent.*



(SIGNATURE)

(DATE) 05-22-09  
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