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

From:  
Account Name : CSE SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**AMT NURSING SERVICES INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02 b3   |
| Estimated Charge      | \$70.00 |

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October 30, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CSH SERVICES LLC

SUBJECT: AMT NURSING SERVICES INC  
REF: W09000048367

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

An effective date may be added to the Articles of Incorporation if a 2010 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing SectionFAX Aud. #: H09000231087  
Letter Number: 409A00034380FILED  
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4-090002310873

## **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:

AMT NURSING SERVICES INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6471 COWPEN ROAD #J-107  
MIAMI LAKES, FLORIDA 33014

### **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, PRESIDENT  
AZUCENA MENA  
6471 COWPEN ROAD #J-107  
MIAMI LAKES, FLORIDA 33014

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**ARTICLE VI REGISTERED AGENT**

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

AZUCENA MENA  
6471 COWPEN ROAD #J-107  
MIAMI LAKES, FLORIDA 33014


**ARTICLE VII INCORPORATOR**

The name and street address of the Incorporator is:

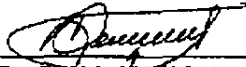
AZUCENA MENA  
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
AZUCENA MENA / Registered Agent

10/29/2009  
Date

  
\_\_\_\_\_  
AZUCENA MENA / Incorporator

10/29/2009  
Date

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