

APR 19 09:39

Attn: Incorporation

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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 : I20070000160
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FLORIDA PROFIT/NON PROFIT CORPORATION

Westshore Clinical Consultants, Inc.

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

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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:

WESTSHORE CLINICAL CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8808 ABERDEEN CREEK CIRCLE
RIVERVIEW, FLORIDA 33569

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:

PRESIDENT
MARIANNE BONDANZA BRIDGES
8808 ABERDEEN CREEK CIRCLE
RIVERVIEW, FLORIDA 33569

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PAGE 2 WESTSHORE CLINICAL CONSULTANTS, INC.

ARTICLE VI REGISTERED AGENT

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

MARIANNE BONDANZA BRIDGES
8808 ABERDEEN CREEK CIRCLE
RIVERVIEW, FLORIDA 33569

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

MARIANNE BONDANZA BRIDGES
8808 ABERDEEN CREEK CIRCLE
RIVERVIEW, FLORIDA 33569

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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.

Marianne Bondanza Bridges

MARIANNE BONDANZA BRIDGES / Registered Agent

4/19/2010
Date

Marianne Bondanza Bridges

MARIANNE BONDANZA BRIDGES / Incorporator

4/19/2010
Date

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