

12/17/2003 3:41

#4620 P.00 003

# P16000012475

Florida Department of State  
Division of Corporations  
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(((H160000309103)))



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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**EILEEN JIMENEZ, RN, PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

16 FEB -5 PM 3:33

RECEIVED  
FEB 16 2004  
DIVISION OF CORPORATIONS  
FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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VH

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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FILED

ARTICLE I NAMEThe name of the corporation shall be: Eileen Jimenez, RN, PA

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal street address

Mailing address, if different is:

3779 SW 135 Ave  
Miami, FL 331753779 SW 135 Ave  
Miami, FL 33175ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide nursing servicesARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Eileen Jimenez (P)  
(CEO)

Name and Title: \_\_\_\_\_

Address: 3779 SW 135 Ave  
Miami, FL 33175

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Eileen Jimenez  
Address: 3779 SW 135 AVE  
Miami FL 33175

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Eileen Jimenez  
Address: 3779 SW 135 AVE  
Miami FL 33175

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TALLAHASSEE FLORIDA

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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

Eileen Jimenez  
Required Signature/Registered Agent

02/5/16  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Eileen Jimenez  
Required Signature/Incorporator

02/5/16  
Date

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