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PAULETTE DAVIS  
NURSE ASSOCIATES HEALTHCARE MANAGEMENT CONSULTANTS  
9420 NICKELS BLVD.  
BOYNTON BEACH, FL 33436

DATE March 13, 1995

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

300001439663  
-03/24/95--01113--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: NURSE ASSOCIATES HEALTHCARE  
MANAGEMENT CONSULTANTS, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee  
Certified Copy  
& Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM: PAULETTE DAVIS  
9420 NICKELS BLVD.  
BOYNTON BEACH, FL 33436  
(407)-237-7171  
(Daytime Phone Number)

Thank you,

*Paulette Davis*

PAULETTE DAVIS

BE 3/27

FILED  
95 MAR 24 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### Articles of Incorporation

1. The name of the corporation is:

NURSE ASSOCIATES HEALTHCARE MANAGEMENT CONSULTANTS, INC.

2. The principal place of business and mailing address of the corporation is:

9420 NICKELS BLVD.  
BOYNTON BEACH, FL 33436

3. The corporation shall have the authority to issue 100 shares of common stock, in one class only, each with a par value of \$1.00.

4. The registered agent of the corporation is PAULETTE DAVIS, and the registered address is 9420 NICKELS BLVD., BOYNTON BEACH, FL 33436.

5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows:

PAULETTE DAVIS  
9420 NICKELS BLVD.  
BOYNTON BEACH, FL 33436.

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is PAULETTE DAVIS whose address is 9420 NICKELS BLVD., BOYNTON BEACH, FL 33436.

Dated March 13 1995

Paulette Davis  
Incorporator

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TALLAHASSEE, FLORIDA

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

Dated March 13, 1995

*Paul H. Smith*  
Registered Agent

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TALLAHASSEE, FLORIDA