P950000 51054

TRANSMITTAL LETTER

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



SUBJECT: ET NURSING SERVICE of South Florida, Inc.
(Proposed corporate name - must include suffix)

Enclos	sed is an origina \$70.00 Filing Fee	1 and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	ind a check
	FROM:	Ann Durh	Name (printed or typed)		
		244 EAST	Address Blvd.		900001526029 06/28/9501076012 ****131.25 ****131.25
	Part Charlotte Florida 33952 City, State & Zip				
			4-1003 Telephone number	·	

F. CHESSER JUN 3 0 1995

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ET Nursing Service of South Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

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

264 East Tarpon Blvd. Port Charlotte, Florida 33952



ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Ann Durham 264 East Tarpon Blvd. Port Charlotte, FL. 33952

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Ann Durham 264 East Tarpan Blud Port Charlotte, Fl. 33952

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 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE MEGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: <u>FT NURSING</u>	IS SERVICE OF South Florida, Inc
2.	The name and address of the registered agent and office	ce is:
	Ann Duckam (NAME)	FILE 28
	(P.O. Box or Mail Drop Box NO	Blud. PT ACCEPTABLE)
	Part Charlotte Florida (CHY/STATE/ZI)	33952

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 appoinment 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)