

P96000036269

CAPITAL CONNECTION, INC.
417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

David
NOTE: BY PHONE TO
CONTACT F.S. on RA cert
to read 607.
DATE _____
LOC. SIGN. _____

4/26/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	4/26		
TIME	9:30		
BY			CK No. _____

WALK-IN
Will Pick Up _____

RE: Brownie Nursing No. 52504

96 APR 26 AM 11:24

SEC. C.C. FEE OF STATE DISBURSED
TALLAHASSEE, FLORIDA

Capital Express™
☒ Art. of Inc. File _____
☐ Corp. Record Search _____
☐ Ltd. Partnership File _____
☒ Foreign Corp. File _____
☐ () Cert. Copy(s) _____

Art. of Amend. File _____
Dissolution/Withdrawal _____
C U S- _____
Fictitious Name File _____

700001796137
-04/26/96--01035--019
****122.50 ****122.50

Name Reservation _____
Annual Report/Reinstatement _____
Reg. Agent Service _____
Document Filing _____

Corporate Kit _____
Vehicle Search _____
Driving Record _____
Document Retrieval _____

UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
File No.'s, _____ Copies _____
Courier Service _____
Shipping/Handling _____
Phone () _____
Top Priority _____
Express Mail Prep. _____
FAX () _____ pgs. _____

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

**ARTICLES OF INCORPORATION
OF
BROWARD NURSING SERVICES, INC.**

FILED

96 APR 26 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, desiring to form a business corporation under the Florida General Corporation Act, as amended, hereby certifies as follows:

ARTICLE I - NAME AND ADDRESS OF CORPORATION

Street Address:

Broward Nursing Services, Inc.
2721 N.E. 11th Street
Pompano Beach, FL 33062

Mailing Address:

Broward Nursing Services, Inc.
P.O. Box 10652
Pompano Beach, FL 33061

ARTICLE II - PURPOSE OF THE CORPORATION

This corporation is organized and its purposes are to engage in any lawful business for which corporations may be incorporated under the Florida General Corporation Act, as amended.

ARTICLE III - CAPITAL STOCK

The corporation shall have the authority to issue 100 shares of common stock at a par value of \$1.00 per share.

ARTICLE IV - REGISTERED AGENT AND REGISTERED OFFICE

The name of the initial registered agent of the corporation, and the street address of the registered office of the corporation at said office is:

Stuart Cummings - 2721 NE 11th Street, Pompano Beach, Florida 33062

ARTICLE V - DIRECTORS

The corporation shall have one (1) director initially, whose name and address is:

Pamela Cummings - 2721 NE 11th Street, Pompano Beach, Florida 33062

ARTICLE VI - INCORPORATOR

The name and address of the incorporator is: Stuart Cummings - 2721 NE 11th Street
Pompano Beach, FL 33062

The incorporator and registered agent hereinabove named hereby states that he is familiar with and accepts the duties and responsibilities as registered agent for said corporation this 25 day of April, 1996.


Incorporator and Registered Agent

FILED

96 APR 26 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607. , Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First-That Broward Nursing Services, Inc.
(Name of Corporation)
desiring to organize under the laws of the State of Florida
(Florida)
with its principal office, as indicated in the articles of
incorporation has named Stuart Cummings
(Name of Registered Agent)
located at 2721 NE 11th Street, Pompano Beach, FL 33062
(PO Box not Acceptable)
City of _____, County of Broward
(City) (County)
State of Florida, as its agent to accept service of process within
this state.

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 I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Stuart Cummings
Registered Agent

P96000036269

STUART CUMMINGS
P.O. BOX 10652
POMFANO BEACH, FL 33061
TEL (904) 412-2137

March 20, 1997

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

Re: Corporate Dissolution - Broward Nursing Services, Inc.
Document Number P96000036269

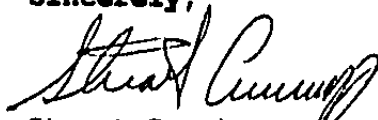
To: Amendment Section

Attached are Articles of Dissolution for the above referenced corporation. Also enclosed is a check in the amount of \$35.00 for filing fees.

Please process at your earliest convenience.

Thank you.

Sincerely,


Stuart Cummings

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-03/24/97--01163--004
*****35.00 *****35.00

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MAR 26 1997

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR 24 AM 8:49

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR 24 AM 8:49

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Broward Nursing Services, Inc.

Document Number P96000036269

SECOND: The date dissolution was authorized: March 20, 1997

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this _____ day of _____, 19 _____.

Signature

Stuart Cummings
(By the Chairman or Vice Chairman of the Board, President, or other officer)

3/20/97

Stuart Cummings

(Typed or printed name)

Secretary

(Title)