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(SAMPLE LETTER OF TRANSMITTAL) FILED

DATE 5/24/96 96 JUN 19 AM 9:46

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENCLOSURE 1 122.50 122.50
-05/30/96 -01005---005
****122.50 ****122.50

Re: RELiance NURSING Service, Inc.
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

JOSEPHINE B. GRIFFIN
(Individual's Name)

Reliance Nursing Service, Inc.
(Name of Corporation)

W9600-11718
P.H. 11/19/96
6/1/96

ING ADDRESS OF CORPORATION		
P.O.	Box 608	
Attn	IDNY, FLORIDA	
3607-1	68	PHONE 368-4425 (352) PAGER
(352)	1-9587	
Area Code	Number	Ext.



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

June 4, 1996

JOSEPHINE B GRIFFIN
P O BOX 608
ANTHONY, FL 32617-0608

SUBJECT: RELIANCE NURSING SERVICE, INC.
Ref. Number: W96000011718

We have received your document for **RELIANCE NURSING SERVICE, INC.** and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 896A00027797

ARTICLES OF INCORPORATION

RELIANCE NURSING SERVICE, Inc. **FILED**
(name of corporation)

96 JUN 19 AM 9:46

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - CORPORATE NAME

The name of the corporation is:

RELIANCE NURSING SERVICE, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
<u>1938 SW 7th PLACE</u>		
CITY	FLORIDA	ZIP
<u>Ocala</u>		<u>34474</u>

Mailing address, if different

STREET ADDRESS		
<u>P.O. Box 608</u>		
CITY	FLORIDA	ZIP
<u>Anthony</u>		<u>32617-6608</u>

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

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

NAME	<u>Vivian J. Brannan</u>	
ADDRESS	<u>1938 SW 7th PLACE</u>	
CITY	FLORIDA	ZIP
<u>Ocala</u>		<u>34474</u>

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have Three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	JOSEPHINE B. GRIFFIN		
ADDRESS	2865 NE 7th STREET Apt. C		
CITY	OCALA	STATE	FLORIDA ZIP 34470
NAME	Anna E. Griffin		
ADDRESS	2865 NE 7th Street Apt. C		
CITY	OCALA	STATE	FLORIDA ZIP 34470
NAME	Vivian J. Brannan		
ADDRESS	1938 SW 7th Place		
CITY	OCALA	STATE	FLORIDA ZIP 34474

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JOSEPHINE B. Griffin		
ADDRESS	2865 NE 7th Street Apt. C		
CITY	OCALA	STATE	FLORIDA ZIP 34470
NAME	Anna E. Griffin		
ADDRESS	2865 NE 7th Street Apt. C		
CITY	OCALA	STATE	FLORIDA ZIP 34470
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 24th day of MAY, 19 96.

Josephine B. Griffin (Signature)
Anna E. Griffin (Signature)
 _____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED

96 JUN 19 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RELANCE NURSING SERVICE, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation

at 1938 SW 7th Place
OCALA, FLORIDA 34474

has named VIVIAN J. BRANNAN

located at the aforesaid address, as its registered 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 regis-
tered 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.

Vivian J. Brannan
(Signature)

5/24/96
(Date)