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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

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THANK YOU from Your Capital Connection

ARTICLES OF INCORPORATION

OF

North Florida Medical Staffing, Inc.

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

ARTICLE I: NAME

The name of the corporation is North Florida Medical Staffing, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1609 NW 103rd Terr., Gainesville, Florida 32606.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Charles Daniel Sikes, P.A., 407 West Gerogia Street, Starke, Florida 32091.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Dr. George Restea, 1609 NW 103rd Terr., Gainesville, Florida 32606.

The undersigned has executed these Articles of Incorporation this 19th day of July 1996.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

CERTIFICATE OF DESIGNATION RECIEFERD ACESTAND OFFICE

Pursuant to the provisions of section 607.0301, Plor tile statutes, the mentioned corporation, organized under the lower of the state of florida, submits the following statement in designating the registered office/registered agent, in the state of florida.

i. The name of the corporation is:	
Month Floride Medical Staffing, loc	
2. The name and attent address of the registered organical sixes, P. A.	ul
407 West Georgia Street	_
Starke, Florida 32091	_

HAVING BEEN HAND AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS GERTIFICATE. 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.

CHARLES DANIEL SIKES