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TRANSMITTAL LETTER

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

7 CICCIC 1 SI4 110157 -09/06/96--01042--015 ******78.75 *****78.75

SUBJECT: VAN DY	CCK MEDICAL S	STAFFING, INC. name - must include suffi	х)		
Enclosed is an origina	l and one (1) c	nov of the articles of	J.	nd a check	
for: \$70.00 Filling Fee	X \$78.75 Filing Fee & Cerdicate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM:	Claus Var Name	n Dyck a (printed or typed)		Sei Sei Sei	
	5 SEP -6 CORETAN LLAID SS	· =			
		rsburg. FL 3371(City, State & Zip)	Y OF STATE HEE. FLORID	ED
		, 381-5151 ne Telephone number			

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

2/10/1/

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:

VAN DYCK MEDICAL STAFFING, INC.

ARTICLE II PRINCIPAL OFFICE

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

1301 66th Street North St. Petersburg, FL 33710

ARTICLE III SHARES

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

1000 Common Shares of Stock

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

Claus Van Dyck 1301 66th Street North St. Petersburg, FL 33710

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):

Claus Van Dyck 7400 Sun Island Dr., #802 South Pasadona, FL 33707

Dorothea Van Dyck 7400 Sun Island Dr., #802 South Pasadena, FL 33707

Notarization is not required

Signature

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 REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	VAN DYCK MEDICAL STAL	FING, INC.			1
2.	The name and address of the registe	ered agent and office is:				
	Claus	Claus Van Dyck (NAME)			95 SEP -	<u>"I</u>
		66th Street North			が開門	LED
	St_F	Petersburg, FL 33710 (CITY/STATE/ZIP)			: 1,7	
ci a, re	Taving been named as registered a prporation at the place designated in gent and agree to act in this capacit plating to the proper and complete pe bligations of my position as registere	n this certificate, I hereby accept ity. I further agree to comply with erformance of my duties, and I am	the appointment a the provisions of	is regis f all sta	tereo itute:	i 5
	(SIGNATUR		up 4, ' 96 PATE)		· ——	