

**96000080089**

**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

RE: Hugh's Nursing, Inc

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 \$ \_\_\_\_\_

	G.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> ( ) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> O U B.		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( ) _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( ) _____ pgs.		

700001357507  
 09/26/96 01021 002  
 \*\*\*\*122.50 \*\*\*\*122.50

96 SEP 26 PM 3:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

**SUBTOTALS**

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

96 SEP 26 AM 10:44  
 RECEIVED  
 DIVISION OF CORPORATION

REQUEST \_\_\_\_\_ TAKEN \_\_\_\_\_ CONFIRMED \_\_\_\_\_ APPROVED \_\_\_\_\_  
 DATE 9/26 \_\_\_\_\_  
 TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
 BY \_\_\_\_\_

WALK-IN Will Pick Up 10:30 W/L AB 9/26  
 11-2529-7 PONDERS INC., THOMASVILLE, GA.

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**

ANGELS NURSING, INC.

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

FILED  
96 SEP 26 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: **ANGELS NURSING, INC.**

The principal place of business of this corporation shall be: 715 E. Lime Street #508  
Tarpon Springs, FL 34689

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the state of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock having a par value of \$1.00 per share. The Board of Directors is authorized to issue "Section 1244 Stock" as defined by Section 1244 of the Internal Revenue Code.

**ARTICLE IV TERMS OF EXISTENCE**

This corporation is to exist perpetually, unless dissolved according to Florida Law.

**ARTICLE V OFFICERS & DIRECTORS**

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Officers and Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have One Officer and One Director, initially. The name and street address of the initial Officer/Board of Directors is:

**Ann L. Hill**  
President

715 E. Lime Street #508  
Tarpon Springs, FL 34689

**Vickie J. Salazar**  
Vice President

715 E. Lime Street #508  
Tarpon Springs, FL 34689

**ARTICLE VI INCORPORATORS**

The names and street address of the incorporators to these articles of incorporation are:

Ann L. Hill                      715 E. Lime Street #508  
President                      Tarpon Springs, FL 34689

Vickie J. Salazar              715 E. Lime Street #508  
Vice President              Tarpon Springs, FL 34689

**ARTICLE VII REGISTERED AGENT AND OFFICE**

The street address of the initial registered office of the corporation shall be: 715 E. Lime Street #508  
Tarpon Springs, FL 34689

The name of the initial registered agent of the corporation, who shall hold office the first year of the corporation's existence or until their successor is elected, is: Vickie J. Salazar

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 1st day of October, 1996.

Signature of Incorporator(s)

Ann L. Hill  
ANN L. HILL

Vickie J. Salazar  
VICKIE J. SALAZAR

STATE OF FLORIDA  
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledged and sworn to before me this 19th day of September, 1996, by Ann L. Hill and Vickie J. Salazar  
(Name of incorporators)  
of ANGELS NURSING, INC.

(Name of Corporation)

Notary Public

A. Allen Playford

My Commission Expires: 12/4/99



**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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:  
ANGELS NURSING, INC.
2. The name and address of the registered agent and office is: Vickie J. Salazar, 715 E. Lime Street #508  
(P.O. BOX NOT ACCEPTABLE)  
Tarpon Springs, FL 34689  
(CITY/STATE/ZIP)

SIGNATURE *Ann B. Hill*  
(CORPORATE OFFICER)  
TITLE PRESIDENT  
DATE 9/19/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Vickie J. Salazar*  
VICKIE J. SALAZAR  
DATE 9/19/96

FILED  
96 SEP 26 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA