

PA7000047408

LAW OFFICES  
**NEIMARK, GREENE & NADEL**  
PROFESSIONAL ASSOCIATION

SUITE 602  
800 CORPORATE DRIVE  
FORT LAUDERDALE, FLORIDA 33334  
TELEPHONE (954) 493-8000  
TELEFAX (954) 493-6505

May 13, 1997

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

900002183739--9  
-05/19/97--01157--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: Nurse Practitioner Network  
Our File No.: 1212-833-4CC

Dear Sir or Madam:

Enclosed is an original and one copy of the Articles of Incorporation for the above-referenced corporation. Also enclosed is our check in the amount of \$70.00 to cover the charges for filing fees and registered agent.

Please return a true copy of the Articles of Incorporation showing that they have been received and filed. We have enclosed a self-addressed, stamped envelope for your convenience in returning same.

Thank you for your cooperation.

Very truly yours,

NEIMARK, GREENE & NADEL, P.A.

By: Carl A. Neimark  
CORTA. NEIMARK

CAN:dp  
Enclosures

c:\corp\nure-sec.ltr

FILED  
97 MAY 19 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

25/3/97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 21, 1997

CORT A. NEIMARK, ESQUIRE  
SUITE 602  
800 CORPORATE DRIVE  
FORT LAUDERDALE, FL 33334

SUBJECT: NURSE PRACTITIONER NETWORK  
Ref. Number: W97000011961

We have received your document for NURSE PRACTITIONER NETWORK and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6933.

Dana Calloway  
Document Specialist

Letter Number: 197A00027599

**ARTICLES OF INCORPORATION  
OF  
NURSE PRACTITIONER NETWORK, INC.**

FILED  
97 MAY 19 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned, a natural person competent to contract, do hereby make, subscribe and file these Articles of Incorporation for the purpose of organizing a corporation under the laws of the State of Florida.

**ARTICLE I  
NAME OF CORPORATION**

The name of this Corporation shall be:

NURSE PRACTITIONER NETWORK, INC.

**ARTICLE II  
GENERAL NATURE OF BUSINESS**

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

**ARTICLE III  
CAPITAL STOCK**

The total authorized capital stock of this Corporation is 10,000 shares of Common Stock, par value \$.01 per share.

**ARTICLE IV  
TERM OF EXISTENCE**

The Corporation shall exist perpetually.

**ARTICLE V  
ADDRESS OF PRINCIPAL OFFICE IN THIS STATE**

The initial street address of the principal office of this Corporation in the State of Florida is 4540 N. Federal Highway, Ft. Lauderdale, FL 33308. The Board of Directors may from time to time move the principal office to another address in Florida.

**ARTICLE VI  
NUMBER OF DIRECTORS**

This Corporation shall have not less than one (1) Director.

ARTICLE VII  
INCORPORATOR

The name and street address of the Incorporator of these articles is:


CAROLYN ZAUMEYER  
4540 N. Federal Highway  
Ft. Lauderdale, FL 33308

ARTICLE VIII  
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 4540 N. Federal Highway, Ft. Lauderdale, FL 33308, and the name of the initial registered agent of the Corporation at that address is CAROLYN ZAUMEYER.

ARTICLE IX  
COMMENCEMENT OF CORPORATE EXISTENCE

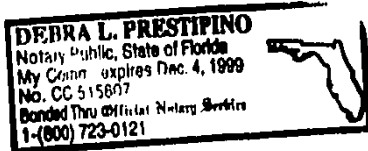
Pursuant to Section 607.0203, Florida Statutes, this Corporation shall commence its corporate existence upon filing.

  
\_\_\_\_\_  
CAROLYN ZAUMEYER, INCORPORATOR

STATE OF FLORIDA  
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared CAROLYN ZAUMEYER, to me known to be the person described as incorporator in and who executed the foregoing Articles of Incorporation and who swore and acknowledged that she executed the foregoing Articles of Incorporation for the purposes therein set forth.

WITNESS my hand  
and official seal.



  
\_\_\_\_\_  
Notary Public

DEBRA PRESTIPINO  
Print, stamp or type as commissioned

☒ Personally known to me, or  
☐ Produced Identification:

\_\_\_\_\_  
(type of identification)

**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

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

INC.

That NURSE PRACTITIONER NETWORK, desiring to organize under the laws of the State of Florida, with its Registered Office as indicated in the Articles of Incorporation at 4540 N. Federal Highway, Ft. Lauderdale, FL 33308, and CAROLYN ZAUMEYER, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGMENT**

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.

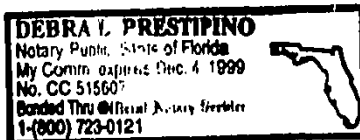
  
CAROLYN ZAUMEYER, REGISTERED AGENT

STATE OF FLORIDA

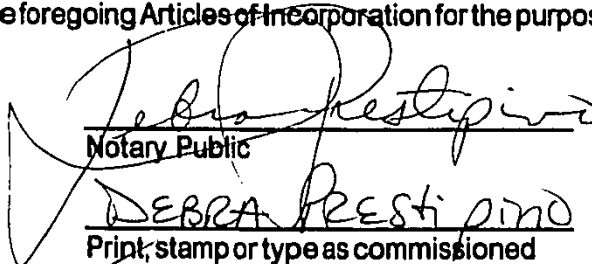
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared CAROLYN ZAUMEYER, to me known to be the person described as Registered Agent in and who executed the foregoing Articles of Incorporation and who swore and acknowledged that she executed the foregoing Articles of Incorporation for the purposes therein set forth.

WITNESS my hand  
and official seal.



c:\corp\nurse.art

  
Notary Public  
DEBRA PRESTIPINO

Print, stamp or type as commissioned

- ☒ Personally known to me, or  
☐ Produced Identification:

(type of identification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA