

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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DIVISION OF CORPORATIONS

98 SEP -9 PM 2:30

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Medstaff Health Care
Services, Inc

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*****70.00 *****70.00

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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DIVISION OF CORPORATIONS

R. Purinton SEP 9 1998

ARTICLES OF INCORPORATION

OF

MEDSTAFF HEALTH CARE SERVICES, INC.

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The undersigned incorporators, 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 shall be:

MEDSTAFF HEALTH CARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address shall be:

36235 HORSESHOE DRIVE
ZEPHYRHILLS, FL 33541

ARTICLE III CAPITAL STOCK

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

1,000 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

KIMBERLY K. HARVEY
36235 HORSESHOE DRIVE
ZEPHYRHILLS, FL 33541

ARTICLE V INCORPORATORS

The name and address of the incorporators to these Articles of Incorporation is:

ROBERT C. HARVEY
36235 HORSESHOE DRIVE
ZEPHYRHILLS, FL 33541

KIMBERLY K. HARVEY
36235 HORSESHOE DRIVE
ZEPHYRHILLS, FL 33541

The undersigned have executed these Articles of Incorporation this

2nd day of September, 1998.

Robert C. Harvey
ROBERT C. HARVEY

Kimberly K. Harvey
KIMBERLY K. HARVEY

CERTIFICATE OF DESIGNATION
REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and the registered office, in the State of Florida.

1. The name of the corporation is:

MEDSTAFF HEALTH CARE SERVICES, INC.

2. The name and address of the registered agent and office is:

KIMBERLY K. HARVEY
36235 HORSESHOE DRIVE
ZEPHYRHILLS, FL 33541

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 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.

SIGNATURE Kimberly K. Harvey
KIMBERLY K. HARVEY

DATE 9-2-98

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