

Division of Corporations

Page 1 of 1

**P99000044487****Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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**To:**

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**From:**

Account Name : AL CLARK  
Account Number : 072100000173  
Phone : (813) 398-6011  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.****TOTAL NURSING CARE INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
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## 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

TOTAL NURSING CARE, INC.

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### ARTICLE II PRINCIPAL OFFICE

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

8117 LAKE STREET  
LARGO, FL.33777

### ARTICLE III SHARES

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

1000 SHARES  
NO PAR

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:  
prepared by:

Name: NANCY SHIELDS & KAREN HOUGH  
Address: 8117 LAKE STREET  
LARGO, FL.33777

Accounting & Tax Help, INC.  
8668 PARK BLVD Suite A  
SEMINOLE, Florida 33777

PH # 727-392-9572

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**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):

Nancy Shields  
and  
Karen Hough  
8117 Lake Street  
Largo, FL 33777

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

14<sup>th</sup> day of May, 19 99

(An additional article must be added if an effective date is requested.)

X Nancy Shields  
Signature

X Karen V. Hough  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not  
constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 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  
OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:

TOTAL NURSING CARE, INC.

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

Accounting & Tax Help, INC.  
(Name)

8668 PARK BLVD., Suite A  
(P.O. Box not acceptable)

SEMINOLE, Florida 33777  
(City/State/Zip)

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*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.*

Al Clark

(Signature)

**PRESIDENT**

DATE 5-14-99

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

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