Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	70002980127
SUBJECT: PARTNERS FINA (Proposed cor	t LEGAL NUTSE, INC. porate name - must include suffix)
Enclosed is an original and one(1) copy of the arti	cles of incorporation and a check for:
☐ \$70.00 ☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM:Name	(Printed or typed)
Suite 223Jacksonville,	an Jose Blvd.
Jays, Grife GAVE (904) Daytime	Telephone number
AUTHORIZATION BY PHONE TO	ĵ. ·
CORRECT Name	····
DATE	
DOS EVAM JU	
DOC. EXAMNOTE: Please provide the	original and one copy of the articles.

ARTICLES OF INCORPORATION OF PartnersFirst Legal Nurse, INC.



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

I. ______

The name of the corporation shall be PartnersFirst Legal Nurse, Inc.

II.

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

PartnersFirst Legal Nurse, Inc.

PMB 157

9802 Baymeadows Road

Suite 12

Jacksonville, Florida 32256

III.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares.

IV.

The name and Florida street address of the initial registered agent are:

Jay S. Grife, Esquire 10991-55 San Jose BIvd. Suite 223 Jacksonville, Florida 32223 The names and addresses of the incorporator(s) to these Articles of Incorporation are:

- 1. Beverly L. Thomas as President 10218 Heather Glen Drive Jacksonville, Florida 32256
- 2. Amy W. Cooper as Vice-President PMB 157
 9802 Baymeadows Road _____ Suite 12
 Jacksonville, Florida 32256

IN WITNESS WHEREOF, the undersigned executes these Articles of Incorporation this day of September, 1999.

BEVERLY L. THOMAS, INCORPORATOR

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 - Registered Agent

Date

99 SEP -7 AM 9: 08
SECRETARY OF STATE
ANASSEE, FLORIDA