

PO4000139341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

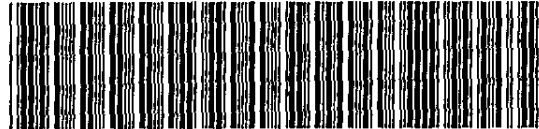
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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104-01074-025 \*\*78.75

2004 OCT -6 PM 3:49  
STATE  
TALLAHASSEE FLORIDA

10/7/04

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

2004 OCT -6 PM 3:49  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**SUBJECT:** JUST PEDIATRICS, NURSE STAFFING SPECIALISTS  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** SAMUEL H. VANCE  
Name (Printed or typed)

720 KINGSTON CIRCLE  
Address

BROWNSBURG, IN 46112  
City, State & Zip

317-418-2900  
Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2004 OCT -6 PM 3:49

STATE OF FLORIDA  
FALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

JUST PEDIATRICS, NURSE STAFFING SPECIALISTS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

720 KINGSTON CIRCLE  
BROWNSBURG, IN 46112

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO SUPPLY CONTRACT NURSES TO HOSPITALS THROUGHOUT THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is:

100,000 SHARES AT A PAR VALUE OF \$0.01 PER SHARE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

(1) SAMUEL H. VANCE, PRESIDENT - 720 KINGSTON CIRCLE, BROWNSBURG, IN 46112

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

KEVIN R. KREMPEL - 3565 BLECHNUM FERN LANE, SARASOTA, FL 34235

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SAMUEL H. VANCE - 720 KINGSTON CIRCLE, BROWNSBURG, IN 46112

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Kevin R. Krempel  
Signature/Registered Agent

9/24/04  
Date

Samuel H. Vance  
Signature/Incorporator

9/27/2004  
Date