

P04000011030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

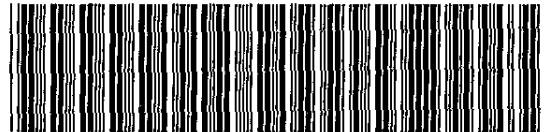
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/14/04--01030--012 **

RECEIVED
01 JAN 14 PM 6:19
TALLAHASSEE, FLORIDA
STATE
CORPORATIONS

js

RECEIVED
01 JAN 14 AM 10:16
TALLAHASSEE, FLORIDA
STATE
CORPORATIONS

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NEW HORIZONS HEALTH CARE INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
JAN 14 PM 6:18
TALLAHASSEE, FLORIDA

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Owner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **NEW HORIZONS HEALTH CARE INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **2601 SW 27 AVE
MIAMI, FL. 33134**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **MEDICAL OFFICE**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): **MANUEL S. SANTAMARIA
2301 COLLINS AVE #523A
MIAMI BEACH FL 33139
P/D**

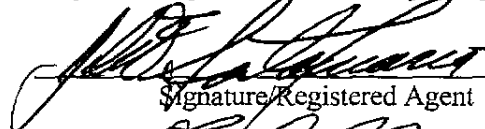
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: **JOAN F. SANTAMARIA
2301 COLLINS AVE #52
MIAMI BEACH, FL. 3313**

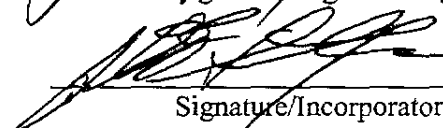
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **JOHN F. SANTAMARIA
2301 COLLINS AVE #523A
MIAMI BEACH, FL. 33139**

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


Signature/Registered Agent

1/12/04
Date


Signature/Incorporator

1/12/04
Date