

PO9000021859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

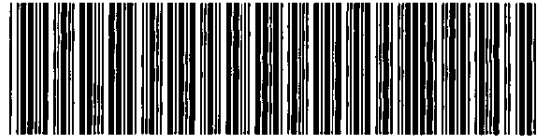
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/09--01025--015 **186.25

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09 MAR 10 AM 10:03
2009 MAR 10 10:03 AM
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COVER LETTER

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

SUBJECT: Healing Hands Medical Center
(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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARIA RAMOS
Name (Printed or typed)

1201 W. Hillsborough Ave
Address

Tampa, FL 33603
City, State & Zip

(813) 770-7911
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2009

MARIA RAMOS
1201 W HILLSBOROUGH AVE
TAMPA, FL 33603

SUBJECT: HEALING HANDS MEDICAL CENTER
Ref. Number: W09000009531

We have received your document for HEALING HANDS MEDICAL CENTER and your check(s) totaling \$166.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 209A00006967

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:

HEALING HANDS MEDICAL CENTER CORP.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1201 W. HILLSBOROUGH AVE. SUITE B
TAMPA FL 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICE

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):

PRESIDENT-SECRETARY (MARIA RAMOS
1201 W. HILLSBOROUGH AVE. TAMPA FL 33603)
VICE PRESIDENT-TREASURY (ENRIQUE FERNANDEZ
1201 W. HILLSBOROUGH AVE. SUITE B TAMPA FL 33603)

ARTICLE VI REGISTERED AGENT

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

MARIA RAMOS 1201 W. HILLSBOROUGH AVE
SUITE B TAMPA FL 33603

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

ENRIQUE FERNANDEZ
1201 W. HILLSBOROUGH AVE SUITE B
TAMPA FL 33603

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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

Maria Ramos

Signature/Registered Agent

02/23/2009
Date

Enrique Fernandez

Signature/Incorporator

02/23/2009
Date