P12000067024

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000194064 3)))

H12000194064 3ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

FILED
12 AUG -1 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Stevenburnortdo@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Medical Health Choice P.A.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	$87.50

RECEIVED
12 AUG -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

MRD 8/2/12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2012

YOUR CAPITAL CONNECTION, INC.

SUBJECT: MEDICAL HEALTH CHOICE P.A.
REF: W12000040282

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the spelling error in the purpose.

Please return 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.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H12000194064
Letter Number: 612A00020064

AUG. 1. 2012 1:59PM CAPITAL CONNECTION NO. 1122

FILED
12 AUG -1 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Medical Health Choice P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address
3120 South Kirkman Road Suite Q
Orlando Fl 32811

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The specific nature of the business is to provide medical and physical rehabilitation services.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Steven Burack President
Address: 3120 South Kirkman Road Suite Q
Orlando Fl 32811

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Steven Burack
Address: 3120 South Kirkman Road Suite Q
Orlando Fl 32811

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Steven Burack
Address: 3120 South Kirkman Road Suite Q
Orlando Fl 32811

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

Required Signature/Registered Agent — Date: 7/31/12

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — Date: 7/31/12