# Florida Department of State

**Division of Corporations** Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : PROFESSIONAL VISA, INC.

Account Number: 120020000173 Phone : (305)639-4737
Fax Number : (305)639-4725

# FLORIDA PROFIT CORPORATION OR P.A.

H. & F. Health, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

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J. Shivers MAR 2 5 2005

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#### 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:

H.& F.Health, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4995 NW 72 Av. Suite 400 Miami, Fl. 33166

## <u>ARTICLE III PURPOȘE</u>

The purpose for which the corporation is organized is:

Any or all lawful activities or business permitted under the laws of The United States, the State of Florida, or any others states, country, territory, or nation.

#### ARTICLE IV SHARES

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

One thousand shares at one dollar par value.

Name:

Shares:

Quiropedia Médica Daymar C.A.

52%

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President:

Nelson Díaz

4995 NW 72 Av. Suite 400

Miami, Fl. 33166

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#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Nelson Díaz 4995 NW 72 Av. Suite 400 Miami, Fl. 33166

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nelson Díaz 4995 NW 72 Av. Suite 400 Miami, Fl. 33166

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

Date

Signature/Incorporator

Date