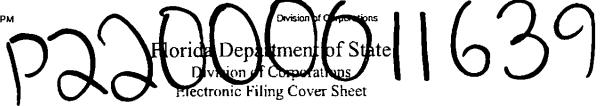
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Email Address:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 : (305)463-6690 Phone : (305)463-6693 Fax Number

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

9

FLORIDA PROFIT/NON PROFIT CORPORATION

Abril Pediatric Therapy Services Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

FEB 17 2022,

Page: 3 of 4

FILEB

ARTICLES OF INCORPORATION

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

22 FEB 16 PM 1: 34 SEGRETARY OF STATE TALEARASSEE, PLANTOA

name of the corpora			
ICLE II PRINC	Principal street address	Mailing address, if differe	natis:
ami, FL 33194			
TICLE III PURPO purpose for which t	<u>OSE</u> he corporation is organized is: <u>A</u>	ny and all lawful business.	
		· · · · · · · · · · · · · · · · · · ·	
			
•	·		
	According to a depth of the second contract o	<u> </u>	
number of shares of	stock is:		
number of shares of	LOFFICERS AND/OR DIRECTO Beatriz Maria Fernandez / F		
number of shares of states	LOFFICERS AND/OR DIRECTO Beatriz Maria Fernandez / F	Name and Title:Address:	
number of shares of an	stock is: I. OFFICERS AND/OR DIRECTO Beatriz Maria Fernandez / F 865 SW 153rd Path Miami, FL 33194	Name and Title:Address:	
Name and Title Address	stock is: I. OFFICERS AND/OR DIRECTO Beatriz Maria Fernandez / F 865 SW 153rd Path Miami, FL 33194	Name and Title: Address: Name and Title:	
number of shares of TICLE V . INITIA Name and Title Address Name and Title:	stock is: I. OFFICERS AND/OR DIRECTO Beatriz Maria Fernandez / F 865 SW 153rd Path Miami, FL 33194	Name and Title: Address: Name and Title:	
number of shares of TICLE V . INITIA Name and Title Address Name and Title: Address	stock is: I. OFFICERS AND/OR DIRECTO Beatriz Maria Fernandez / F 865 SW 153rd Path Miami, FL 33194	Name and Title: Address: Name and Title: Address:	
number of shares of TICLE V . INITIA Name and Title Address Name and Title: Address	stock is: I. OFFICERS AND/OR DIRECTO Beatriz Maria Fernandez / F 865 SW 153rd Path Miami, FL 33194	Name and Title: Name and Title: Name and Title: Name and Title:	

Name a	nd Title:			
Address		Address:	Address:	

	REGISTERED AGENT Torida street address (P.O. Box NOT acce	ptable) of the registered agent is:		
Name:	Beatriz Maria Fernandez		.20	
Address:	865 SW 153rd Path		22 866 91.8	
	Miami, FL 33194		FEB HAHA	
ARTICLE VII	INCORPORATOR		16 PM	
The <u>name and a</u>	ddress of the incorporator is:		PH 1:0	
Name:	Beatriz Maria Fernandez		1: 31 3: 4: 31	
Address:	865 SW 153rd Path		·, •	
	Mlami, FL 33194	·····		
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if (If an effective of filing.)	other than the date of fiting:	. (OPTIONAL) ad cannot be more than five days pr	rior or 90 days after the	
	rinserted in this block does not meet the ap iffective date on the Department of State's		s, this date will not be listed as	
Having been nan certificate, I am j	ned as registered opent to accept service of p familior with and accept the appointment as	process for the above stated corporations registered agent and agree to act in t	n at the place designated in this his capacity	
	H		02/16/2022	
	Required Signature/Registered As	gent	Date	
	sument and affirm that the facts stated he Department of State constitutes a third degr			
	\mathcal{U}		02/16/2022	
Required Signatu	rre/Incorporator	Da	te	