

2/16/22, 12:18 PM

Division of Corporations

P220000611639

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.

(((H22000061761 3)))



H220000617613ABCZ

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 : MEDICAL BILLING CONSULTANTS, INC.
Account Number : I20200000206
Phone : (305)463-6690
Fax Number : (305)463-6693

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

Email Address: _____

RECEIVED

2022 FEB 16 PM 12:54

CORPORATIONS
MEDICALSECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 FEB 16 PM 1:34

FILED

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

FILED

22 FEB 16 PM 1:34

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**The name of the corporation shall be: Abril Pediatric Therapy Services Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
865 SW 153rd Path

Mailing address, if different is:

Miami, FL 33194**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Beatriz Maria Fernandez / P

Name and Title: _____

Address 865 SW 153rd Path

Address: _____

Miami, FL 33194

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Beatriz Maria Fernandez

Address: 865 SW 153rd Path

Miami, FL 33194

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Beatriz Maria Fernandez

Address: 865 SW 153rd Path


Miami, FL 33194

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*

	<u>02/16/2022</u>
Required Signature/Registered Agent	Date

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.

	<u>02/16/2022</u>
Required Signature/Incorporator	Date

22 FEB 16 PM 1:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED