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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 17 AM 11:38

PS 10/18/11

COVER LETTER

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

SUBJECT: ADVANTAGE HEALTH PROVIDER OF SOUTH FLORIDA INC
(PROPOSED CORPORATE NAME — MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

n \$70.00
Filing Fee

\$78.75 Filing Fee
& Certificate
of
Status

11

\$78.75 —Filing Fee & Certified Copy	US\$87.50 Filing Fee, Certified Copy & Certificate
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ADDITIONAL COPY REQUIRED

FROM: AURELIO MITJANS MD
Name (Printed or typed)

777 EAST 25 ST #109
Address

Orlando City, State & Zip FLA 33011

(305) 836 1077
Daytime Telephone number

A.MITJANS MD @ AOL.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be: Advantage Health Providers of South Florida, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Aurelio Mitjans, MD
777 E. 25th Street #109
Hialeah, FL 33013

Mailing address, if different is:

Cap Management Systems, Inc.
15821 Ventura Blvd., #600
Encino, CA 91436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The goals of this organization will be to reward healthcare providers based on quality of care provided through improved healthcare delivery. This will be accomplished by utilizing a team of physicians, other clinicians, and support staff to monitor care, measure quality and facilitate the coordination of patient care through the healthcare system. Other important goals for the ACO will be to increase patient satisfaction and service, reduce duplication of services, improve communication among all the providers of care, reduce unnecessary costs, and ultimately to improve the health of the population it serves.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Majority and Supermajority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aurelio Mitjans, MD President

Name and Title: Eduardo Martinez, MD Secretary

Address: 777 E 25th Street #109
Hialeah, FL 33013

Address: 4051 E 8th Avenue #3
Hialeah, FL 33013

Name and Title: Alan Brezault, MD Treasurer

Address: 1190 NW 95th Street, Ste 405
Miami, FL 33150

ARTICLE VI REGISTERED AGENT

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

Name: Aurelio Mitjans, MD President
Address: 777 E 25th Street #109
Hialeah, FL 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aurelio Mitjans, MD President
Address: 777 E 25th Street #109
Hialeah, FL 33013

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

By: Aurelio Mitjans

Required Signature of Registered Agent

Date 10/17/11

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1.55, F.S.

Aurelio Mitjans
Required Signature of Incorporator

Date 10/17/11