

N 1900000 1908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

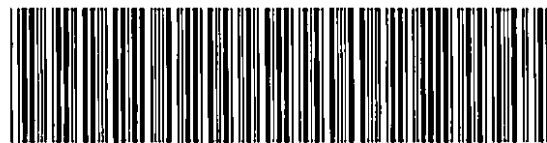
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2019 FEB 22 PM 5:01 19 FEB 22 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001

FILED RECEIVED

OK

COVER LETTER

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

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SUBJECT: Department of Healthcare Services + Disease Management
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) CORP

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be: Department of Healthcare Services + Disease Management Corp.
~~DEHSDM~~

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1353 E Lafayette St
Tallahassee FL 32301

113 S Monroe St
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This Corporation will be responsible
for compiling, researching and/or analyzing data to support
the creation of preventive and therapeutic modalities to treat
a wide range of disease processes. Certain philanthropic services
will be provided in at risk communities to include but not limited
to reduced cost pharmacy, early diagnostic care and/or assessment
and ambulatory medical services.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by majority
vote within board structure.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Naktra O. White VP

Address: 3201 Hasdell Rd
Tallahassee, FL 32305

Name and Title: Anjelica Sterling Corporate Secretary

Address: 2817 Hemingway Ln
Roswell GA 30075

Name and Title: Alex Smith President

Address: 3108 Piedmont Ave
Atlanta GA 30305

Name and Title: Dr. Andrew Williams medical chair

Address: 3539 A Palmetto Parkway
Tallahassee, FL 32311

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2019 FEB 22 PM 5:01

FILED

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DUE TO RETURNED CHECK

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

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

ARTICLE VI REGISTERED AGENT

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

Name: Orazo White
Address: 3204 Hasloe Rd
Tallahassee, FL 32305

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Orazo White
Address: 3204 Hasloe Rd
Tallahassee, FL 32305

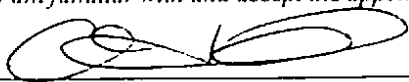
ARTICLE VIII EFFECTIVE DATE:

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

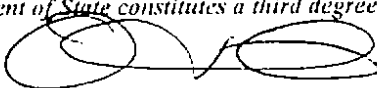


Required Signature of Registered Agent

2/22/19
Date

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TALLAHASSEE, FL 32305
SECRETARY OF STATE

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.817.155, F.S.



Required Signature of Incorporator

2/22/19
Date