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TRANSMITTAL LETTER

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

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-07/03/00--01071--025
*****87.50 *****87.50

SUBJECT: MANAGED HEALTH CARE CONSULTANTS, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of
Status

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL -3 PM 2:11

FILED

FROM: CORALIA M. BOLIVAR
Name (Printed or typed)

1128 NW 126 AVE
Address

MIAMI, FL. 33182
City, State & Zip

(305) 554-1246 OR (305) 299-0397
Daytime Telephone number

F. CHESNEY JUL 5 2000

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

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:

MANAGED HEALTH CARE CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1128 N.W. 126 AVE.
MIAMI, FL. 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CONSULTING SERVICES FOR THE MANAGED
HEALTH CARE INDUSTRY.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CORALIA M. BOLIVAR
1128 NW 126 AVE.
MIAMI, FL. 33182

ARTICLE VI REGISTERED AGENT

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

CORALIA M. BOLIVAR
1128 NW 126 AVE.
MIAMI, FL. 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CORALIA M. BOLIVAR
1128 NW 126 AVE.
MIAMI, FL. 33182

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

Coralia M. Bolivar

Signature/Registered Agent

6/29/00

Date

Coralia M. Bolivar

Signature/Incorporator

CORALIA M. BOLIVAR

6/29/00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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