# TRANSMITTAL LETTER 00 OCT 16 AM 11: 39

| Department of Star | te      |
|--------------------|---------|
| Division of Corpor | rations |
| P. O. Box 6327     |         |
| Tallahassee, FL 32 | 2314    |

SLÖNETARY OF STATE TALLAHASSEE, FLORIDA

| P. O. Box 6327 Tallahassee, FL 32314   |  | LLAHASSEE, FLORIC  | Ā                              |
|--|--|--|--------------------------------|
| SUBJECT: HEALTH CARE (PROPOSED CORPORA)  | (ONSULTING,<br>S <del>OLUT(ONS</del> ,<br>TENAME- <u>MUST INCL</u> | DUC,<br>INC<br>UDE SUFFIX)                                 |                                |
| Enclosed is an original and one(1) copy of the article   |  |  | 2392<br>01038003<br>*****78.75 |
| \$70.00 \$\frac{1}{2}\$\$78.75  Filing Fee Filing Fee  & Certificate of Status                                 | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO                 | \$87.50 Filing Fee, Certified Copy & Certificate of Status |                                |
| FROM: VICTOR GANDO<br>Name (P  | Frinted or typed)  |  |                                |
| 10910 COVEY  | COURT Address  | <del></del> .  | er we en e                     |
| TAMPA FL City,   | 33625<br>State & Zip   |  |                                |
| VICTOR CONSOLE BAYE Daytime TO AUTHORIZATION BY PHONE TO   | <u>,-</u>  |  | A . 4 A                        |
| COPPET IS QUAR OF LOC 198  Health Care Consulpation 198  CHOSES TO FILE  CHOSES TO FILE  Please provide the or |  | f the articles.  |                                |



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 4, 2000

VICTOR GANDOFF 10910 COVEY CT TAMPA, FL 33625

SUBJECT: HEALTHCARE SOLUTIONS, INC.

Ref. Number: W00000024040

We have received your document for HEALTHCARE SOLUTIONS, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Letter Number: 500A00052501

Pamela Hall Document Specialist

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#### ARTICLES OF INCORPORATION

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

#### ARTICLE I. NAME

The name of this corporation shall be:

HEALTHCARE CONSULTING, INC.

#### ARTICLE II. PRINCIPAL OFFICE

The principle place of business/mailing address is:

10910 Covey Court, Suite 100, Tampa, Fl 33625

#### ARTICLE III. PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

## ARTICLE IV. SHARES

The numbers of shares of stock is:

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1 par value per share.

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#### ARTICLE V. INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Victor Stephen Gandoff

(President)

10910 Covey Court Tampa, FL 33625

Wilton Lloyd Hill

(Secretary)

1951 Lakewood Club Dr. South Apt. 3B

St. Petersburg, FL 33702

ARTICLE VI. - REGISTERED AGENT

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

Victor Gandoff 10910 Covey Court, Suite 100 Tampa, FL 33625

ARTICLE VII. INCORPORATOR

The name and address of the incorporator is:

Victor Gandoff 10910 Covey Court, Suite 100 Tampa, FL 33625

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 a registered agen and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator