

P01000019084

TRANSMITTAL LETTER

FILED

01 FEB 20 AM 11:04

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: SOUTH FLORIDA HEALTH CONSULTING, CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003742934--3  
-02/20/01--01047--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

FROM: ANTHONY ENIOLA, M.D.  
Name (Printed or typed)

1749 E. HALLANDALE BCH. BLVD, #154  
Address

HALLANDALE, FL 33009  
City, State & Zip

305-915-4352  
Daytime Telephone number

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:

SOUTH FLORIDA HEALTH CONSULTING, CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

129 SW 2ND AV,  
HALLANDALE, FL 33009

MAILING: 1749 E. HALLANDALE  
BCH. BLVD., #154  
HALLANDALE, FL 33009

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CONSULTANCY

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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## ARTICLE VI REGISTERED AGENT

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

ANTHONY ENIOLA, M.D.  
1749 E. HALLANDALE BCH. BLVD., #154  
HALLANDALE, FL 33009

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTHONY ENIOLA, M.D.  
1749 E. HALLANDALE BCH. BLVD., #154  
HALLANDALE, FL 33009

\*\*\*\*\*

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



Signature/Registered Agent

2-16-01

Date



Signature/Incorporator

2-16-01

Date