

P01000028593

TRANSMITTAL LETTER

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

FILED
01 MAR 20 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Healthcare Solutions, 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

FROM: John H. Stapp
Name (Printed or typed)

1927 Grand Isle Circle, Suite # 713B
Address

Orlando, FL 32810
City, State & Zip

(407) 739-2900
Daytime Telephone number

200003888812--7--
-03/20/01--01084--013
*****87.50 *****87.50

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:

Healthcare Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1927 Grand Isle Circle
Suite # 713B

Orlando, FL 32810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing
Medical Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000-

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Kevin Hand, President

John H. Stapp, Executive Vice President

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ARTICLE VI REGISTERED AGENT

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

John H. Stapp
1927 Grand Isle Circle, Suite # 713B
Orlando, FL 32810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kevin Hand
1927 Grand Isle Circle, Suite # 713B
Orlando, FL 32810

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

Date

Date

Signature/Incorporator