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PB1000040697

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

500004043745--6

-04/23/01--01089--001

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. U.S. HEALTHCARE RECOVERIES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
01 APR 23 AM 10:59
DIVISION OF CORPORATION

FILED
01 APR 23 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

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:

U.S. Healthcare Recoveries, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

**7385 SW 123 Terrace
Miami, Fl. 33156**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 100 shares at \$1 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s): **Emilio M. Nuñez
Peter Miret**

ARTICLE VI REGISTERED AGENT

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

**Emilio M. Nuñez
7385 SW 123 Terrace
Miami, Fl. 33156**

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

**Emilio M. Nuñez
7385 SW 123 Terrace
Miami, Fl. 33156**

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

4/20/01

Date



Signature/Incorporator

4/20/01

Date

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TALLAHASSEE FLORIDA