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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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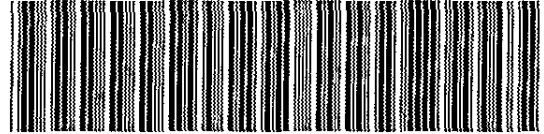
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 22 PM 4:16

10-23-02

## TRANSMITTAL LETTER

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

SUBJECT: THE INSTITUTE OF PROFESSIONAL HEALTH CAREERS, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JACQUELINE STROTHER  
Name (Printed or typed)

5929 STRAWBERRY LAKES CIRCLE  
Address

LAKEWORTH, FLORIDA 33463  
City, State & Zip

(954) 260-3282  
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:

THE INSTITUTE OF PROFESSIONAL HEALTH CAREERS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7169 W. OAKLAND PARK BLVD.  
LAUDERHILL, FL 33313

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VOCATIONAL SCHOOL FOR MEDICAL ASSISTANTS

## ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES OF COMMON STOCK

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

INDIRA MAHABIR  
3033 NW 48TH AVENUE  
COCONUT CREEK, FL 33063

JACQUELINE STROTHER  
5929 STRAWBERRY LAKES CIRCLE  
LAKEWORTH, FL 33463

## ARTICLE VI REGISTERED AGENT

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

JACQUELINE STROTHER  
5929 STRAWBERRY LAKES CIRCLE  
LAKEWORTH, FL 33463

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

INDIRA MAHABIR  
3033 NW 48TH AVENUE  
COCONUT CREEK, FL 33063

\*\*\*\*\*  
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

JACQUELINE STROTHER

10/17/02  
Date

Signature/Incorporator

indira mahabir

10/17/02  
Date



Lisa J. Von Hoffen  
Commission # CC 920371  
Expires April 30, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.

*Lisa J. Von Hoffen* 10/17/02

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