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DIVISION OF REVENUE  
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T SMITH JAN 24 2003

## TRANSMITTAL LETTER

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

SUBJECT: HEALTHCARE CONSULTANTS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: HEALTHCARE CONSULTANTS / CIO STEVE KETOVER  
Name (Printed or typed)

3475 SHERIDAN STREET, SUITE 210  
Address

HOLLYWOOD, FL      33021  
City, State & Zip

954-961-1880  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

January 3, 2003

NTEVE KETOVER  
3475 SHERIDANS ST STE 210  
HOLLYWOOD, FL 33021

SUBJECT: HEALTHCARE CONSULTANTS, INC.  
Ref. Number: W03000000153

We have received your document for HEALTHCARE CONSULTANTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6927.

Tracy Smith  
Document Specialist  
New Filing Section

Letter Number: 003A00000249

# 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: **DIAGNOSTIC HEALTH CONSULTANTS, Inc.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **DIAGNOSTIC HEALTH CONSULTANTS, Inc.**  
**C/O STEVE KETOVER**  
**3475 SHERIDAN ST. SUITE 210**  
**HOLLYWOOD, FL 33021.**

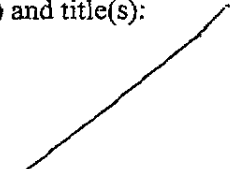
## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
**MANAGEMENT, BILLING, AND COLLECTIONS**

## ARTICLE IV SHARES

The number of shares of stock is: **100**

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):  


## ARTICLE VI REGISTERED AGENT

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

**STEVE KETOVER**  
**3475 SHERIDAN STREET, SUITE 210.**  
**HOLLYWOOD, FL 33021**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**STEVE KETOVER**  
**3475 SHERIDAN STREET, SUITE 210.**  
**HOLLYWOOD, FL 33021**

\*\*\*\*\*  
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

12/23/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/23/02  
\_\_\_\_\_  
Date

03 JAN 23 AM 11:47  
STATE OF FLORIDA  
DIVISION OF CORPORATE REGISTRATION