

P03000095980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

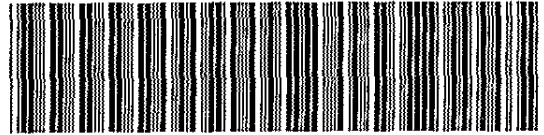
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/27/03--01039--010 \*\*78.75

03 AUG 27 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**TRANSMITTAL LETTER**

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

**SUBJECT:        HEALTH PROFESSIONALS, INC.**  
**(Proposed Corporate Name- Must Include Suffix)**

Enclosed is an original and (1) copy of the articles of incorporation and check for:

<u>  </u> \$70.00	<u>  </u> x <u>  </u> \$78.75	<u>  </u> \$78.75	<u>  </u> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Robin Carmona  
2313 NW 96<sup>th</sup> Way  
Coral Springs, FL 33065

**NOTE:** Please provide the original and on copy of the articles

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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03 AUG 27 AM 11:50

**ARTICLE I NAME**

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HEALTH PROFESSIONALS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

2313 NW 96<sup>TH</sup> WAY  
CORAL SPRINGS, FL 33065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: N/A

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)**

The name(s) and address(es):

ROBIN CARMONA - PRESIDENT  
2313 NW 96<sup>TH</sup> WAY  
CORAL SPRINGS, FL 33065

**ARTICLE VI REGISTERED AGENT**

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

ROBIN CARMONA  
2313 NW 96<sup>TH</sup> WAY  
CORAL SPRINGS, FL 33065

**ARTICLE V INCORPORATOR**

The name and address of the Incorporator is:

ROBIN CARMONA  
2313 NW 96<sup>TH</sup> WAY  
CORAL SPRINGS, FL 33065

.....  
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.

Robin Carmona  
Signature/Registered Agent

8/25/23  
Date

Robin Carmona  
Signature/Incorporator

8/25/23  
Date