

P04000092004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

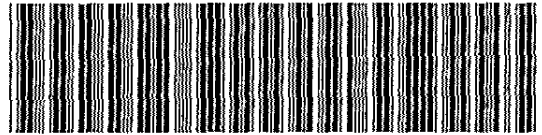
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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06/14/04--01077--003 \*\*17.50

06/14/04--01077--004 \*\*8.75

FILED  
04 JUN 14 PM 3:21  
STATE  
TALLAHASSEE  
FLORIDA

06/15

Healthcare Management Inc.  
140 Island Way #239  
Clearwater, Florida 33767

June 10, 2004

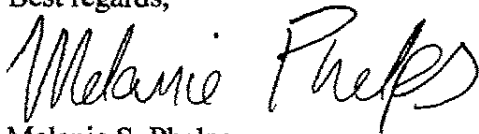
Dear Sir or Madam.

Attached please find an original copy of the Articles of Incorporation, Transmittal Letter and 4 checks:

\$35.00 Filing Fee  
\$35.00 Designation of Registered Agent  
\$17.50 for two (2) Certified Copies  
\$ 8.75 Certificate of Status

Thank you for your consideration.

Best regards,

  
Melanie S. Phelps

## TRANSMITTAL LETTER

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

SUBJECT: HealthCare Management 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

+1 Dadd...  
Certified copy

FROM: MELANIE S. PHELPS

Name (Printed or typed)

140 ISLAND WAY # 239

Address

CLEARWATER, FLORIDA 33767

City, State & Zip

727-403-3755

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

HealthCare Management Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

140 Island Way #239  
Clearwater, Florida 33767

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Healthcare services including management consulting, evaluations, human resource functions for organizations including Long Term Care, Hospitals, and other companies and facilities to increase retention, facilitate a team environment and build long-term success.

## ARTICLE IV SHARES

The number of shares of stock is:

100,000 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Treasurer, Secretary  
David F. Soby 140 Island Way #239 Clearwater, Florida 33767

President  
Melanie S. Phelps 140 Island Way #239 Clearwater, Florida 33767

## ARTICLE VI REGISTERED AGENT

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

Melanie S. Phelps  
2008 Yale Avenue  
Dunedin, Florida 34698

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Melanie S. Phelps  
140 Island Way #239  
Clearwater, Florida 33767

\*\*\*\*\*  
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

Melanie S Phelps  
Signature/Registered Agent

June 1, 2004

Date

Melanie S Phelps  
Signature/Incorporator

June 1, 2004

Date