

PO4000101378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

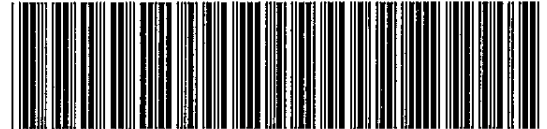
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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TALLAHASSEE, FLORIDA
04 JUL -7 PM 3:17

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

✓
7/7/04

TRANSMITTAL LETTER

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

SUBJECT: _____

INTEGRAL HEALTHCARE CONSULTING, 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,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

DOMANIQUE F. CULLEPPER

Name (Printed or typed)

PO Box 5682

Address

TALLAHASSEE FL 32314

City, State & Zip

850-524-5019

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:

Integral Healthcare Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 5682
Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare Administration Education & Training, Medical Billing & Organization

ARTICLE IV SHARES

The number of shares of stock is:

15

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DOMANIQUE CULPEPPER ~ PRESIDENT
2325 PARROT LANE
TALLAHASSEE, FL 32303

ARTICLE VI REGISTERED AGENT

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

DOMANIQUE CULPEPPER
2325 PARROT LANE
TALLAHASSEE, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DOMANIQUE CULPEPPER
2325 PARROT LANE
TALLAHASSEE, FL 32303

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

D. Culpepper
Signature/Registered Agent

7/7/04
Date

D. Culpepper
Signature/Incorporator

7/7/04
Date

FILED
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TALLAHASSEE, FLORIDA
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