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104 VICE - 2: 13.111: PP

TRANSMITTAL LETTER

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

SUBJECT: INNO	OVATIVE HEALTHCARE C	ONSULTANTS, INC.				
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	_		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:			
☐ \$70.00 Filing Fee	34. \$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,			
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status			
		ADDITIONAL CO				
FROM: E	dward R. Popick, M.D.					
	Name	(Printed or typed)		O4 AUG	9	
2331 Stonybrook Drive						
•		Address		(၁ (၅ (၅	-	
Wellington, Florida 33414-9344						
		, State & Zip				
	(561) 951-8848			=	-	
•	Daytime T	Celephone 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:

Innovative Healthcare Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2331 Stonybrook Drive Wellington, FL 33414-9344

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

To Provide Assistance to Healthcare Providers Nationally

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Edward R. Popick, M.D. 2331 Stonybrook Drive Wellington, FL 33414-9344 President Secretary

2331 Stonybrook Drive Wellington FL 33414-9344 Julie Popick

ARTICLE VI REGISTERED AGENT

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

Edward R. Popick, M.D. 2331 Stonybrook Drive Wellington, FL 33414-9344

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Edward R. Popick, M.D. 2331 Stonybrook Drive Wellington, FL 33414-9344

*****	*****	*******	******	******	******	*****	*****
Having been named as	registered agent	to accept servic	e of process for the	above stated	corporation .	at the place de	signated in this

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

9-01-04

Date Signature/Incorporator