

704000157464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

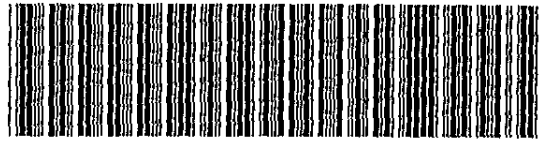
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400041486524

11/03/04--01008--009 **79 75

FILED
NOV 15 PM 2:31
TALLAHASSEE, FLORIDA

js

11-18

21011-12

TRANSMITTAL LETTER

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

SUBJECT: Miami South Health 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
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: MICHAEL A. KRAM
Name (Printed or typed)

17520 SW 73 CT
Address

MIAMI, FL 33157
City, State & Zip

305-775-6520
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/15/15 PM 2:31

FILED

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:

MIAMI SOUTH HEALTH CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

17520 SW 73 CT
MIAMI, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING / MANAGEMENT SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL A. KRAM, PRES.
17520 SW 73 CT
MIAMI, FL 33157

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MICHAEL A. KRAM
17520 SW 73 CT
MIAMI, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL A. KRAM
17520 SW 73 CT.
MIAMI, FL 33157

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

X _____
Signature/Registered Agent

10/18/04
Date

X _____
Signature/Incorporator

10/18/04
Date

FILED
04 NOV 15 PM 2:31
TALLAHASSEE, FLORIDA