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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 JAN 18 PM 3:28

## TRANSMITTAL LETTER

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

**SUBJECT:** Medical Health Care, 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:** Ramon Pelaez

\_\_\_\_\_  
Name (Printed or typed)

610 W. Martin Luther King, Blvd

\_\_\_\_\_  
Address

Tampa, FL 33603

\_\_\_\_\_  
City, State & Zip

813-240-2723

\_\_\_\_\_  
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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**ARTICLE I NAME**

The name of the corporation shall be:

Medical Health Care, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

610 W. Martin Luther King, Blvd. Tampa, Florida 33603

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Health Services

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Ramon Pelaez, 3853 S Lake Dr # 169, Tampa, Fl 33614 President

Enedina Segura, 305 N. New Jersey Ave. Tampa, Fl 33609 Vicepresident

Niubis Miranda, 305 N. New Jersey Ave. Tampa, Fl 33609 Treasurer and Secretary

**ARTICLE VI REGISTERED AGENT**

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

Niubis Miranda, 305 N. New Jersey Ave. Tampa, Fl 33609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Niubis Miranda, 305 N. New Jersey Ave. Tampa, Fl 33609

\*\*\*\*\*

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

Niubis Miranda  
Signature/Registered Agent

1/13/2005  
Date

Niubis Miranda  
Signature/Incorporator

1/13/2005  
Date