

PO6000031784

— Edson —  
3927 nw. 89th Ave. —  
— Coral Springs fl —  
— 33063 —

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

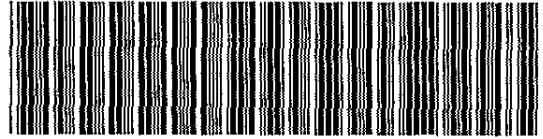
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

MRS  
3/6

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

Excelsior Consulting Health Solutions, Incorporated

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3927 NW 89th Ave  
Corral Springs, FL 33065**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries.

**ARTICLE IV SHARES**

The number of shares of stock is:

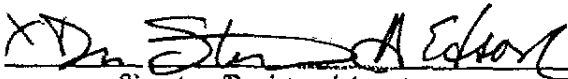
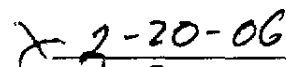
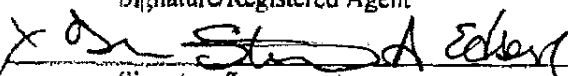
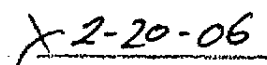
Common stock of 1,000 shares, with 100 issued

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

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

Dr. Steven Edson  
3927 NW 89th Ave  
Corral Springs, FL 33065**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Dr. Steven Edson  
3927 NW 89th Ave  
Corral Springs, FL 33065**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Dr. Steven Edson  
3927 NW 89th Ave  
Corral Springs, FL 33065

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*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*  
Signature/Registered Agent  
Date  
Signature/Incorporator  
Date