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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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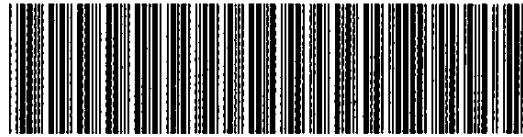
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 DEC -6 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 12-6

COVER LETTER

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

SUBJECT: HEALTH CARE ADVOCATES & TESTIMONY 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CATHERINE I. HENNESSY
Name (Printed or typed)

10126 SORENSTAM DRIVE
Address

TRINITY, FLORIDA 34655
City, State & Zip

727-375-7826
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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2006 DEC -6 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HEALTH CARE ADVOCATES & TESTIMONY INC.)

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10126 SORENSTAM DRIVE, TRINITY, FLORIDA 34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DISCUSSION of MEDICAL LEGAL MERIT WITH
INSURANCE COMPANIES AND LAW FIRMS

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): CATHERINE I. HENNESSY

PRESIDENT & SECRETARY

10126 SORENSTAM DRIVE

TRINITY, FLORIDA 34655

ARTICLE VI REGISTERED AGENT

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

CATHERINE I. HENNESSY

10126 SORENSTAM DRIVE

TRINITY, FLORIDA 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Catherine I. Hennessy

HEALTH CARE ADVOCATES & TESTIMONY INC.)

10126 SORENSTAM DRIVE

TRINITY, FLORIDA 34655

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

Catherine I. Hennessy
Signature/Registered Agent

11/22/06
Date

Catherine I. Hennessy
Signature/Incorporator

11/22/06
Date