

P07000118429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

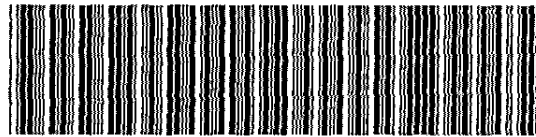
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400109683824

10/26/07--01008--005 **7R,75

FILED

07 OCT 26 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

10/22/07

COVER LETTER

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

SUBJECT: HOSPITAL CONSULTANTS OF AMERICA 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: DR KESIDE O. AMAECHI
Name (Printed or typed)

564 GREEN SPRINGS PLACE
Address

WEST PALM BEACH / FLORIDA 33409
City, State & Zip

561 712 0682
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)

ARTICLE I NAME

The name of the corporation shall be:

HOSPITAL CONSULTANTS OF AMERICA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

564 GREEN SPRINGS PLACE
WEST PALM BEACH, FLORIDA 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT BUSINESS WITH INDIVIDUALS, ENTITIES
OR OTHER BUSINESS BODIES

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DR. KESIDE AMAECITI, MD

ADDRESS: 564 GREEN SPRINGS PL
WEST PALM BEACH FL, 33409

TITLE: CEO (CHIEF EXECUTIVE OFFICER)

FILED

07 OCT 26 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

DR. KESIDE AMAECHI
564 GREEN SPRINGS PLACE
WEST PALM BEACH, FL 33409

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR KESIDE AMAECHI
564 GREEN SPRINGS PLACE
WEST PALM BEACH, FL 33409

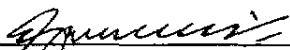
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/22/07

Date



Signature/Incorporator

10/22/07

Date

FILED
07 OCT 26 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA