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B. McKnight JUN 24 2009

COVER LETTER

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

SUBJECT: Health Care Case Review, 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: Shannon L. Hilliard
Name (Printed or typed)

P.O. Box 1324
Address

Winter Haven, FL 33882-1324
City, State & Zip

863-269-8141
Daytime Telephone number

shilliard2@yahoo.com
E-mail address: (to be used for future annual report notification)

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: Health Care Case Review, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 1469 10th Court N.E. / P.O. Box 1324
Winter Haven, FL 33882-1324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Collaboration with attorneys for strategic case selection by analyzing medical records using research, education, and numerous years of clinical experience for a competitive edge in litigating medical malpractice, personal injury, health care fraud, and toxic tort cases.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shannon L. Hilliard, RN, P.O. Box 1324, Winter Haven, FL 33882-1324, Executive Director
Shannon L. Hilliard, RN, P.O. Box 1324, Winter Haven, FL 33882-1324, Chief Financial Officer
Shannon L. Hilliard, RN, P.O. Box 1324, Winter Haven, FL 33882-1324, Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Shannon L. Hilliard, RN, 1469 10th Court N.E., Winter Haven, FL 33881

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shannon L. Hilliard, RN, P.O. Box 1324, Winter Haven, FL 33882-1324

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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

Shannon L Hilliard Shannon L Hilliard
Signature/Registered Agent

June 10, 2009
Date

Shannon L Hilliard Shannon L Hilliard
Signature/Incorporator

June 10, 2009
Date