

P10000002109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

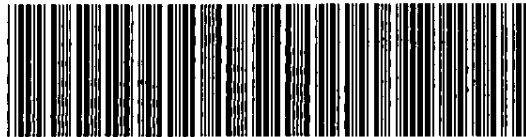
Certificates of Status _____

Special Instructions to Filing Officer:

Added Inc. per customer
request.

rch

Office Use Only



500163676955

01/08/10--01020--011 **87.50

01/08/10--01020--011 **87.50

FILED
10 JAN -8 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

rch
1-11-10

COVER LETTER

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

SUBJECT: Health Options Concepts Pharmacy 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Health Options Concepts Pharmacy Inc
Name (Printed or typed)

6918 Aloma Ave
Address

Winter Park FL 32792
City, State & Zip

407-671-0003
Daytime Telephone number

dr.linda.pharmd@msn.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 Options Concepts Pharmacy Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6918 Aloma Ave
Winter Park Fl 32792

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Closed ^{door} Pharmacy Nursing Home - ALF's AND Group Home

ARTICLE IV SHARES

The number of shares of stock is:

-100-

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Vince Lazuka > 801 Ashton Lakes Blvd Vice President-Sec
Linda Lazuka > Port Orange Fl 32128 President-Treas

ARTICLE VI REGISTERED AGENT

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

Vince Lazuka
6918 Aloma Ave
Winter Park Fl 32792

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vince Lazuka
6918 Aloma Ave
Winter Park Fl 32792

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

Vince Lazuka
Signature/Registered Agent

1-6-10
Date

Vince Lazuka
Signature/Incorporator

1-6-10
Date

FILED
10 JAN - 8 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA