

P10000070659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

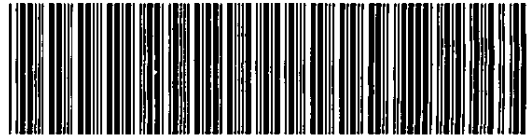
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000184529040

08/26/10--01013--005 \*\*78.75

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 AUG 26 PM 1:56

8/27/10

## COVER LETTER

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

**SUBJECT:** HEALTHCARE ADVOCACY AND MANAGEMENT, 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:** YULANDA T. FAISON

Name (Printed or typed)

4320 DEERWOOD LAKE PKWY., STE. 310

Address

JACKSONVILLE, FL 32216

City, State & Zip

904-608-2894

Daytime Telephone number

IMAN@IMANLTD.COM

E-mail address: (to be used for future annual report notification)

2010 AUG 26 PM 1:56

FILED  
CLERK OF SUPREME COURT  
DIVISION OF CORPORATIONS

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2010 AUG 26 PM 1:56

### **ARTICLE I NAME**

The name of the corporation shall be:

HEALTHCARE ADVOCACY AND MANAGEMENT, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

4320 DEERWOOD LAKE PKWY.

STE. 310

JACKSONVILLE, FL 32216

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HEALTHCARE PROVIDER

### **ARTICLE IV SHARES**

The number of shares of stock is:

100,000

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

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

YULANDA T. 4320 DEERWOOD CEO  
FAISON LAKE PKWY 310  
JACKSONVILLE, FL  
32216

### **ARTICLE VI REGISTERED AGENT**

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

YULANDA T. FAISON

4320 DEERWOOD LAKE PKWY

STE. 310

JACKSONVILLE, FL 32216

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

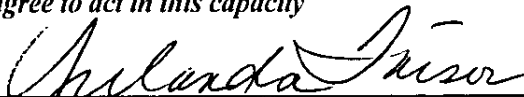
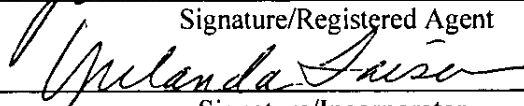
YULANDA T. FAISON

4320 DEERWOOD LAKE PKWY. #310

JACKSONVILLE, FL 32216

\*\*\*\*\*

*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  
  
\_\_\_\_\_  
Signature/Incorporator

AUGUST 4, 2010

Date

8.4.2010

Date