

P 10000073368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

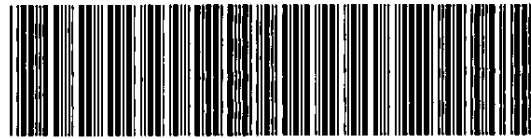
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600184514216

08/25/10--01031--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP -7 AM 9:31

W1-210304

B McKnight SEP 08 2010

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Health Information Technology of Florida INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



RECEIVED

10 SEP -7 AM 10:52

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 26, 2010

EXPRESS CORPORATE FILING SERVICE INC.
1000 PONCE DE LEON BLVD SUTIE 101
CORAL GABLES, FL 33134

SUBJECT: HEALTH INFORMATION TECHNOLOGY OF FLORIDA INC
Ref. Number: W10000040304

We have received your document for HEALTH INFORMATION TECHNOLOGY OF FLORIDA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 910A00020481

**ARTICLES OF INCORPORATION
OF
HEALTH INFORMATIC TECHNOLOGIES OF FLORIDA INC**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Article I - Name

The name of the corporation shall be:

HEALTH INFORMATIC TECHNOLOGIES OF FLORIDA INC

Article II - Principal Office

The principal place of business shall be:

13958 SW 160 TERRACE
MIAMI, FL 33177

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000)

Article IV - Purpose

To carry on and engage in any and all lawful business or businesses.

Article V - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

LORENZO RODRIGUEZ
13958 SW 160 TERRACE
MIAMI, FL 33177

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP -7 AM 9:31

Article VI – Incorporator(s)

The name(s) and street address (es) of the Incorporator(s) to these Articles of Incorporation is (are):

Name:	Title:	Address:	Shares:
LORENZO RODRIGUEZ	PRESIDENT REG-AGENT	13958 SW 160 TERRACE MIAMI, FL 33177	50%
GUILLERMO GARCIA	V-PRESIDENT	13958 SW 160 TERRACE MIAMI, FL 33177	0%
GASPAR VAZQUEZ	V-PRESIDENT	13958 SW 160 TERRACE MIAMI, FL 33177	0%
ROBERT ALEXANDER GARCES	SECRETARY	13958 SW 160 TERRACE MIAMI, FL 33177	50%

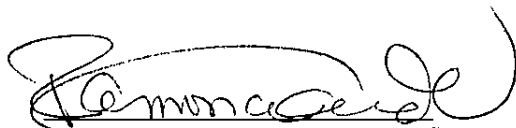
Article VII Directors

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

2 day of September 2010


WITNESS:


LORENZO RODRIGUEZ

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.


1. The name of the Corporation is: **HEALTH INFORMATICS
TECHNOLOGIES OF FLORIDA INC**

2. The name and address of the registered agent and office is:

LORENZO RODRIGUEZ
13958 SW 160 TERRACE
MIAMI, FL 33177

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP -7 AM 9:31

During been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

x  _____ (Seal)
LORENZO RODRIGUEZ