

P10000073779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

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10 SEP -9 AM 9:06  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 SEP -9 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/9/10

COVER LETTER

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

SUBJECT: Clinical Health Alliance Managerial Practice, 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: Chadwich Chevalier  
Name (Printed or typed)

3861 Avalon Park East Blvd  
Address

Orlando, FL 32828  
City, State & Zip

305 926-8935  
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP -9 AM 9:25

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9-9-10

I will not revoke the Dissolution  
of #N10000000052.

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9/9/10

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10 SEP - 9 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Clinical Health Alliance Managerial Practice, INC

**ARTICLE II PRINCIPAL OFFICE**

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

3861 Avalon Park East Blvd  
Orlando, FL 32828

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and All Lawful Business

**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):

CEO Chadwick Chevalier 3861 Avalon Park East Blvd  
Orlando, FL 32828

**ARTICLE VI REGISTERED AGENT**

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

Chadwick Chevalier 3861 Avalon Park East Blvd  
Orlando, FL 32828

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

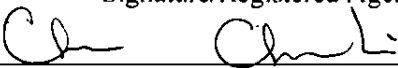
Chadwick Chevalier 3861 Avalon Park East Blvd  
Orlando, FL 32828

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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



Signature/Registered Agent



Signature/Incorporator

9/9/10  
Date

9/9/10  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA