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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 27 PM 2:31

MD 10/5

COVER LETTER

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

SUBJECT: Professional Healthcare Medical 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 ☒ \$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: Rosdualdo G. Ferrer

Name (Printed or typed)

1250 S. Miami Avenue, Suite 3103

Address

Miami, FL 33130

City, State & Zip

786-299-9529

Daytime Telephone number

ferrerherman@aol.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2010

ROSDUALDO G. FERRER
1250 S. MIAMI AVENUE, SUITE 3103
MIAMI, FL 33130

SUBJECT: PROFESSIONAL HEALTHCARE MEDICAL MANAGEMENT, INC.
Ref. Number: W10000044408

We have received your document for PROFESSIONAL HEALTHCARE MEDICAL MANAGEMENT, 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):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 710A00022539

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:

Professional Healthcare Medical Management, *INC*

ARTICLE II PRINCIPAL OFFICE

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

1250 S. Miami Avenue, Suite 3103

Miami, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Management

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rosdualdo 1250 S. Miami CEO

Ferrer Ave, Suite 3103
MIAMI, FL 33130

ARTICLE VI REGISTERED AGENT

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

Rosdualdo G. Ferrer

1250 S. Miami Avenue, Suite 3103

MIAMI, FL 33130

ARTICLE VII INCORPORATOR

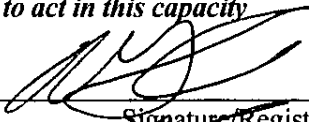
The name and address of the Incorporator is:

Rosdualdo G. Ferrer

1250 S. Miami Avenue, Suite 3103

Miami, FL 33130

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

9/29/10

Date

9/29/10

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 27 PM 2:31