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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

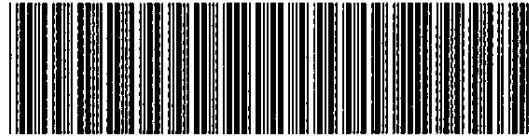
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

8/8/11

COVER LETTER

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

SUBJECT: Accent Health 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: Mario E. Jardon

Name (Printed or typed)

4175 West 20th Avenue

Address

Hialeah, Florida 33012

City, State & Zip

305-424-3100

Daytime Telephone number

mario@citrushealth.com

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

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SECRETARY OF STATE
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)

ARTICLE I NAME

The name of the corporation shall be:

Accent Health Management, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
4175 West 20th Avenue
Hialeah, Florida 33012

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Mailing address, if different is:

(same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation is organized for the purpose of (a) providing services related to the management and administration of healthcare services and claims, and (b) transacting any and all lawful activities or business for which corporations may be formed under Chapter 607 of the Florida Statutes. The Corporation shall have all the powers granted to a corporation under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: The maximum number of shares of stock which this Corporation is authorized to issue or to have outstanding at any time shall be 10,000 shares of common stock of \$.01 per value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mario E. Jardon, President
Address: 4175 West 20th Avenue
Hialeah, Florida 33012

Name and Title: _____

Address: _____

Name and Title: Patricia Croysdale, Vice President
Address: 4175 West 20th Avenue
Hialeah, Florida 33012

Name and Title: _____

Address: _____

Name and Title: Gina Cortes-Suarez, Secretary/Treasurer
Address: 4175 West 20th Avenue
Hialeah, Florida 33012

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Mario E. Jardon
Address: 4175 West 20th Avenue
Hialeah, Florida 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Josephine van Hemert
Address: 4175 West 20th Avenue
Hialeah, Florida 33012

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

Mario Jardon
Required Signature/Registered Agent

6/23/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Josephine van Hemert
Required Signature/Incorporator

6/23/11
Date