

P12000012368

(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



100213347591

11/10/11--01025--009 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB - 3 PM 12:58

57578



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 FEB -3 PM 1:16

DIVISION OF CORPORATIONS

November 14, 2011

GILBERTO HERNANDEZ
1517 NORTH J ST #1
LAKE WORTH, FL 33460

SUBJECT: HEALTHCARE RECOVERY MANAGEMENT INC.
Ref. Number: W11000057578

We have received your document for HEALTHCARE RECOVERY MANAGEMENT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for filing a Non-Profit corporation. According to information in your document it appears that this is a Profit corporation. Please complete the enclosed forms if you wish to file a Profit corporation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 211A00025714

10
Ms. Smith

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



Healthcare Management Resources Inc.
453 Route 211 East
Suite # 301
Middletown, NY 10940
Toll Free# 1-877-231-9481
Phone # 845-343-9600 Fax # 845-343-9614
LIC. # 1262657

NOVEMBER 04, 2011

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

**NEW ACCOUNT: HEALTHCARE RECOVERY MANAGEMENT INC.
AMOUNT: \$ 87.50
DATE: 11/04/11**

TO WHOM IT MAY CONCERN,

Please accept our check number 252 in the amount of \$ 87.50
To incorporate our Business in the state of Florida.

We are paying the filing fee and are requesting a certified copy and also a certificate which we have provide payment for.

We thank you in advance fopr your help and if you have questions please feel free to call me at anytime at (718) 775-5759.

Respectfully yours,

Gilbert Hernandez
President

A handwritten signature in black ink, appearing to read 'Gilbert Hernandez', is written over the printed name and title.

HMR, INC.
453 STATE RT. 211 E. #205
MIDDLETOWN, NY 10940

COVER LETTER

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

SUBJECT: HEALTHCARE RECOVERY 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:

Gilbert Hernandez

Name (Printed or typed)

1517 North "J" Street #1

Address

Lake Nonth, FL 33460

City, State & Zip

845-343-9600 Ext #7

Daytime Telephone number

hmnry@verizon-net

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

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:

Heathcane Recovery Management Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1517 N. J Street
#1
Lake Worth, FL 33460

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Collections & Medical Billing

ARTICLE IV SHARES

The number of shares of stock is:

90

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GILBERT HERNANDEZ
Address: 1517 North J Street
#1
Lake Worth, FL 33460

Name and Title: President
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: GILBERT HERNANDEZ
Address: 1517 North J Street #1
Lake Worth, FL 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GILBERT HERNANDEZ
Address: 1517 North J Street #1
Lake Worth, FL 33460

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.

Required Signature/Registered Agent

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.

Required Signature/Incorporator

Date

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 FEB -3 PM 12:58