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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786) 362-0124
Fax Number : (786) 558-4546

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTH THERAPY SOLUTIONS CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 01 |
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FILED
13 MAY 14 PM 4:06
DIVISION OF CORPORATIONS

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10202 MAY 15 2013

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME HEALTH THERAPY SOLUTIONS CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 3383 NW 7 ST SUITE 308
MIAMI, FL 33125
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|---|-----------------|-------|
| Name and Title: | <u>P PEREZ-CABRERA, MARLENE</u> | Name and Title: | _____ |
| Address: | <u>3383 NW 7 ST SUITE 308</u> <u>MIAMI, FL 33125</u> | Address: | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address: | _____ | Address: | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address: | _____ | Address: | _____ |

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TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: PEREZ-CABRERA, MARLENE
 Address: 3383 NW 7 ST SUITE 308
MIAMI, FL 33125

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 SEVENTH JUDICIAL CIRCUIT
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: PEREZ-CABRERA, MARLENE
 Address: 3383 NW 7 ST SUITE 308
MIAMI, FL 33125

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]
 Required Signature/Registered Agent

05/13/2013
 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.

[Signature]
 Required Signature/Incorporator

05/13/2013
 Date