P13000073536

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000195205 3)))

H13000195205ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4192

FILED
13 SEP -6 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
ACCU-HEALTH MANAGEMENT COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

MD 9/9

RECEIVED
13 SEP -6 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

H13000195205 3

FILED
13 SEP -6 AM 10: 54
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:

ACCU- HEALTH MANAGEMENT COMPANY

ARTICLE II PRINCIPAL OFFICE

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

2339 S. UNIVERSITY DRIVE, DAVIE, FLORIDA 33324

ARTICLE III MAILING ADDRESS

2339 S. UNIVERSITY DRIVE, DAVIE, FLORIDA 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL PURPOSES.**

ARTICLE IV SHARES

The number of shares of stock is: **5000 shares @ $1.00 per value.**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FRANK C. HERNANDEZ CEO, SEC and DIRECTOR
2339 S. UNIVERSITY DRIVE
DAVIE, FLORIDA 33324

AMADA HERNANDEZ V.P. and DIRECTOR
2339 S. UNIVERSITY DRIVE
DAVIE, FLORIDA 33324

ARTICLE VI REGISTERED AGENT

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

STUART A. TELLER, ESQUIRE
STUART A. TELLER, P.A.
7320 GRIFFIN ROAD, SUITE 216
DAVIE, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STUART A. TELLER, ESQUIRE
STUART A. TELLER, P.A.
7320 GRIFFIN ROAD, SUITE 216
DAVIE, FL 33314

H13000175053

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 — Date: 9/3/2013

Signature/Incorporator — Date: 9/3/2013

FILED
13 SEP -6 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA