

PI4000016795

(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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FLORIDA

COVER LETTER

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

SUBJECT: HEALTH CARE Advocates of America,  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Inc.

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: JACQUELINE DECORARO  
Name (Printed or typed)

5730 Baywater Drive  
Address

Tampa FL 33615  
City, State & Zip

(813) 856 8334  
Daytime Telephone number

jaxxmanagement@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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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: HEALTH CARE ADVOCATES OF AMERICA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5730 Baywater Drive  
Tampa FL 33615

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ASSIST HEALTH CARE PROVIDERS  
& HEALTH CARE RECIPIENTS IN REFERRALS  
AND PROCESSING OF PRIOR AUTHORIZATIONS

**ARTICLE IV SHARES**

The number of shares of stock is: 50

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Jacqueline Pecoraro, President

Name and Title:

Jacqueline Pecoraro  
Secretary

Address

5730 Baywater Dr  
Tampa, FL 33615

Address:

Same

Name and Title:

Jacqueline Pecoraro, Vice President

Name and Title:

Address

Same

Address:

Name and Title:

Jacqueline Pecoraro, Treasurer

Name and Title:

Address

Same

Address:

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TAMPA FLORIDA

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AND  
FILED

(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: Jacqueline Pecoraro  
Address: 5730 Baywater Drive  
Tampa, FL 33615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jacqueline Pecoraro  
Address: 5730 Baywater Drive  
Tampa FL 33615

*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*

Jacqueline Pecoraro  
Required Signature/Registered Agent

2.24.14  
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.*

Jacqueline Pecoraro  
Required Signature/Incorporator

2.24.14  
Date

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