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| (Requestor's Name) | | | |
|-----------------------------------------|-----------------|-------------|--|
| (Addre | ess) | | |
| (Addre | ess) | <u></u> | |
| (City/S | State/Zip/Phone | e #) | |
| PICK-UP | WAIT | MAIL | |
| (Busin | ess Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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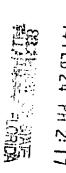
Office Use Only



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COVER LETTER

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

| SUBJECT: | TEALTH CAR | E Advoce | ates of ude suffix) | Amer. | | | |
|---------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|-------------|--|--|--|
| 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 | | | | |
| FDOM | TALOUELINE | De Coo De | · · · · · · · · · · · · · · · · · · · | | | | |
| FROM: | JACQUELINE Name 5730 Baywa | - | | | | | |
| | Tampa Y | State & Zip | e 15 | | | | |
| | • | 6 8334 elephone number nt Damai d for future annual report | Com notification) | 14 FEB 24 1 | | | |

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)

| The name of the c | NAME corporation shall be: HEALTH C | ARE Adv | OCATES | ot Am | eri,ca, |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|-------------|----------------|
| ARTICLE II | PRINCIPAL OFFICE Principal street address | Ma | iling address, if diff | erent is: | Inc |
| 5730 Tam | Baywater Drive | | Three | | |
| ARTICLE III The purpose for v 2 Nea | PURPOSE which the corporation is organized is: ASS Which the corporation is organized is: ASS Processing of Dr | ni erasin | o refe | rrals | riders |
| | | | - V/- 12 | 14 FEB 2 | - - - |
| | SHARES ares of stock is: 50 | | • | 14 PN 2: 18 | |
| Name ar | Qua. | Address: | Jacquel Same | Int Pecon | aro ecretar |
| Name and Address | d Title: JAcquelins Re Lora | VICE Pre | sident | | |
| Name and Address | d Title: Jacqueline Dec | Name and Title:Address: | Jurer | | |

| 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 PECONO | aro |
| Address: 5730 Bay water Dr | nve |
| Address: 5730 Baywater Dr Tampa, 41 3361 | 5 |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Name: Transfer Per | oraro |
| Address: 5730 Bay Water | Drive |
| Address: 5730 Bay water \ Tanpa H 331 | 05· |
| Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regi | for the above stated corporation at the place designated in istered agent and agree to act in this capacity |
| Required Signature/Registered Agent | 2.24·14 |
| () | |
| I submit this document and affirm that the facts stated herein are t document to the Department of State constitutes a third degree felony | true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S. |
| Jacquelle Required Signature/Incorporator | 5 5 11. |
| Required Signature/Incorporator | Date |

