

**P19000072398**

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.**

((H19000281460 3)))



H190002814603ABC+

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
ACURE HEALTH SOLUTION INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019 SEP 20 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 23 2019

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Acure Health Solution Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2970 University Pkwy Ste 204  
Sarasota FL 34243**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**La Salud Medical Center Inc (P)SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 SEP 20 AM 9:56

FILED


**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

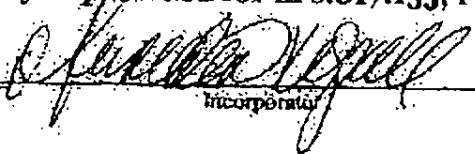
MERCEDES Ripoll 4715 Palm Aire Cir  
Sarasota FL 34243**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Mercedes Ripoll 4715 Palm Aire Cir  
Sarasota, FL 34243

**Required Signatures:**

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

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator Date