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Florida Department of State
Division of Corporations
Electronic Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION**
**HEALTH TRANSFERS CORP.**

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# ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

HEALTH TRUSTEES Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14040 SW 56 LN Miami FL.
33183

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

OTMARA ALICIA FIGUEREDO FONSECA
- PRESIDENT -

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

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

OTMARA Alicia Figueredo Fonseca
14040 SW 56 LN Miami FL. 33183

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

OTMARA Alicia Figueredo Fonseca
14040 SW 56 LN Miami FL. 33183

**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