

**P20000097971**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Account Name : M. BURR KEIM COMPANY  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**HEALTHCARE CONTRACTING SOLUTIONS, INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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December 14, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

M. BURR KEIM COMPANY

SUBJECT: HEALTHCARE CONSULTING SOLUTIONS, INC  
REF: W20000142064

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H20000423669  
Letter Number: 520A00025210

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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: HEALTHCARE CONTRACTING SOLUTIONS, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address8041 Cranes Pointe Way  
West Palm Beach, FL 33412

Mailing address, if different is

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Lawrence Baron, DirectorName and Title: Lawrence Baron, PresidentAddress: 8041 Cranes Pointe Way  
West Palm Beach, FL 33412Address: 8041 Cranes Pointe Way  
West Palm Beach, FL 33412Name and Title: Lawrence Baron, SecretaryName and Title: Lawrence Baron, TreasurerAddress: 8041 Cranes Pointe Way  
West Palm Beach, FL 33412Address: 8041 Cranes Pointe Way  
West Palm Beach, FL 33412

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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	<u>Lawrence Baron</u>
Address	<u>8041 Cranes Pointe Way</u>
	<u>West Palm Beach, FL 33412</u>

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is

Name	<u>Lawrence Baron</u>
Address	<u>8041 Cranes Pointe Way</u>
	<u>West Palm Beach, FL 33412</u>

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing \_\_\_\_\_ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records*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*

<u>Law Baron</u>	<u>12/16/2020</u>
Required Signature/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.*

<u>Law Baron</u>	<u>12/16/2020</u>
Required Signature/Incorporator	Date

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