

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : PEDRO LUZQUINOS  
Account Number : I20170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8807

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: PLUZQUINOS1P@HOTMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MEDHEALTH CORPORATION USA INC**

Certificate of Status	0
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DIVISION OF CORPORATIONS



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## Detail by Entity Name

Rejected Filing

MEDHEALTH CORPORATION USA INC

### Filing Information

Document Number W21000000441

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**COVER LETTER**

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

**SUBJECT:** MEDHEALTH CORPORATION

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** QUARANTA, ROGER

Name (Printed or typed)

2800 GLADES CIRCLE SUITE 119

Address

WESTON, FL 33327

City, State & Zip

(954) 655-8413

Daytime Telephone number

raq333@hotmail.com

E-mail address: (to be used for future annual report notification)

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

STATE  
OFFICE

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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: MEDHEALTH CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
2800 GLADES CIRCLE SUITE 119WESTON, FL 33327

Mailing address, if different is:

2800 GLADES CIRCLE SUITE 119WESTON, FL 33327**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: QUARANTA, ROGER (P)

Address

2800 GLADES CIRCLE SUITE 119WESTON, FL 33327

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

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

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

Address

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

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

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

Address

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

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: QUARANTA, ROGER  
Address: 2800 GLADES CIRCLE SUITE 119  
WESTON, FL 33327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: QUARANTA, ROGER  
Address: 2800 GLADES CIRCLE SUITE 119  
WESTON, FL 33327

**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*

ROGER QUARANTA

Required Signature/Registered Agent

01/04/2021

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.*

ROGER QUARANTA

Required Signature/Incorporator

01/04/2021

Date

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