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

From: Account Name : MEDICAL BILLING CONSULTANTS, INC.  
 Account Number : 12020000206  
 Phone : (305)463-6690  
 Fax Number : (305)463-6693

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Abril Pediatric Therapy Services Inc**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Abril Pediatric Therapy Services Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
865 SW 153rd Path

Mailing address, if different is:

Miami, FL 33194

**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: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Beatriz Maria Fernandez / P</u>	Name and Title:	_____
Address	<u>865 SW 153rd Path</u>	Address:	_____
	<u>Miami, FL 33194</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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: Beatriz Maria Fernandez  
 Address: 865 SW 153rd Path  
Miami, FL 33194

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**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Beatriz Maria Fernandez  
 Address: 865 SW 153rd Path  
Miami, FL 33194


**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*

 \_\_\_\_\_ 02/16/2022  
 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.*

 \_\_\_\_\_ 02/16/2022  
 Required Signature/Incorporator Date