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Division of Corporations
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 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.
 Account Number : I20200000206
 Phone : (305)463-6690
 Fax Number : (305)463-6693

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

Email Address: Kissimmee@ChiroTC.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Kissimmee Therapy Center Inc

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Kissimmee Therapy Center Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
102 Park Place Blvd
Suite A1
Kissimmee, FL 34741Mailing address, if different is:

_____**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: Andrey Mendez Duarte Name and Title: _____Address: 102 Park Place Blvd Address: _____
Suite A1
Kissimmee, FL 34741

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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AUG 11 2022
KISSIMMEE, FL

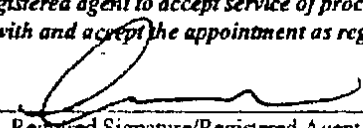
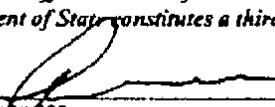
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Andrey Menendez DuarteAddress: 102 Park Place Blvd, Ste A1
Kissimmee, FL 34741**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Andrey Menendez DuarteAddress: 102 Park Place Blvd, Ste A1
Kissimmee, FL 34741**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*
Required Signature/Registered Agent07/05/22
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.*
Required Signature/Incorporator

Date

07/05/22

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