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Florida Department of State

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Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20209090206 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: afnursing@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION A AND F NURSING REGISTRY INC

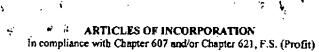
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Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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To:



ELE I NA	ME portation shall be: A AND F NURS		
CLE II PR 1 NW 151 203 A	INCIPAL OFFICE Principal street address ST	Mailing address, if diffe	erent is:
, FL 33014			
	RPOSE ch the corporation is organized is:A/		·
		-	
		· ·	
CLE IV SH,	ARES of stock is: 1		
imber of shares	s of stock is:		
imber of shares	of stock is: TIAL OFFICERS AND/OR DIRECTO	<u>rs</u>	
imber of shares CLE V INT Name and T	TIAL OFFICERS AND/OR DIRECTO Title: Larena Luis Camacho / P	Name and Title:	
imber of shares	TIAL OFFICERS AND/OR DIRECTO Title: Lorena Luis Camacho / P 5901 NW 151 ST	<u>rs</u>	
imber of shares CLE V INT Name and T	TIAL OFFICERS AND/OR DIRECTO Title: Larena Luis Camacho / P	Name and Title:	
imber of shares CLE V INT Name and T Address	TIAL OFFICERS AND/OR DIRECTO Title: Larena Luis Camacho / P 5901 NW 151 ST Suite 203 A Miami, FL 33014	Name and Title:Address:	-
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Name a	and Title:	Name and Title:
Addre		Address:
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Nат.е:	Lorena Luis Camacho	_
Address:	5901 NW 151 ST, Suite 203 A	 _
	Miarni, FL 33014	- -
ARTICLE VII	INCORPORATOR	' :
	address of the Incorporator is:	£.:
Name:	Lorena Luis Camacho	च
Address:	5901 NW 151 ST, Suite 203 A	- <u>Q</u>
	Miami FL 33014	- -
ARTICLE.VIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:	
Note: If the date the document's e	e inserted in this block does not meet the applicable affective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been nan certificute, I am j	ned as registered agent to accept service of process f familiar with and accept the appointment as registed	or the above stated corporation at the place designated in this red agent and agree to act in this capacity
<u></u>		11/37/2022
	Required Signistate Registered Agent	Date
I submit this doc document to the i	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
		11/07/2022
Required Signalu	ire/incorporator	Dațe