

# P22000092007

12/13/22, 2:02 PM

Division of Corporations

2022 DEC 13 PM 2:32

## 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 : I2020000206  
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: clara.almarall@gmail.com

### FLORIDA PROFIT/NON PROFIT CORPORATION CA Health Consultant Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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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: CA Health Consultant Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
15813 NW 43 ST

Mailing address, if different is:

Miami, FL 33158

**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: Clara Almarall / P

Name and Title:

Address: 15813 NW 43 ST

Address:

Miami, FL 33158

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

12:05

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: Clara Almarall

Address: 15813 NW 43 ST  
Miami, FL 33158

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Clara Almarall

Address: 15813 NW 43 ST  
Miami, FL 33158

**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*

\_\_\_\_\_ 12/13/2022  
 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.*

\_\_\_\_\_ 12/13/2022  
 Required Signature/Incorporator Date