

P23000000820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

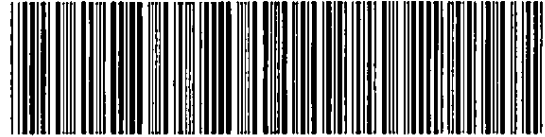
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500397362985

FILED

2023 JAN -5 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 JAN -5 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv[®]

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 1/5/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1109460

ORDER ENTITY
ANALYTIC HEALTH CARE SOLUTIONS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
ANALYTIC HEALTH CARE SOLUTIONS, INC. (FL)

Please file the attached articles and provide a certified copy.

NOTES:
\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: Analytic Health Care Solutions, Inc.
(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: Joel Marcus
Name (Printed or typed)

676 W. Prospect Rd
Address

FL Lauderdale, FL 33309
City, State & Zip

954-566-8513
Daytime Telephone number

JmarcusCPA@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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: Analytic Health Care Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6278 N. Federal Hwy PMB 392
Fort Lauderdale, FL 33308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: medical Administrative
billing Service.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Wilhinson (P) Name and Title:

Address: 1500 Golfview Dr Address:
Pembroke Pines, FL
33026

Name and Title: Jeff Smith (VP) Name and Title:

Address: 2621 Red Barn Rd Address:
Knoxville, TN
37931

Name and Title: Name and Title:

Address: Address:

FILED
2023 JAN -5 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Joel Marcus
Address: 676 W. Prospect Rd
Ft. Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Christopher Wilkinson
Address: 1520 Golfview Drive
Pembroke Pines, FL 33026

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 Agent

1-4-2023
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

1-4-23