

10/30/23, 11:40 AM

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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: jtoledo1228@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Assisted Health Care Services Inc

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

2023 OCT 30 PM 2:26
TALLAHASSEE, FL
STATE

FILED

Electronic Filing Menu

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: Assisted Health Care Services Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
12900 SW 8th STMiami, FL 33184

Mailing address, if different is:

3872 SW 136 AveMiami, FL 33175**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: Juan C Toledo / President Name and Title: _____Address 3872 SW 136 Ave Address: _____
Miami, FL 33175

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SEC. OF STATE
TALLAHASSEE, 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: Juan C Toledo
Address: 3872 SW 136 Ave
Miami, FL 33175

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Juan C Toledo
Address: 3872 SW 136 Ave
Miami, FL 33175

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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

10/30/23
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

10/30/23
Date