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Florida Department of State
Division of Corporations
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Email Address: sudha.r@heartcarefl.com

FLORIDA PROFIT/NON PROFIT CORPORATION
HCCF HOLDCO, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 507 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: HCCF Holdco, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address3822 S. WASHINGTON AVE
TITUSVILLE, FL 32780

Mailing address, if different is

3822 S. WASHINGTON AVE
TITUSVILLE, FL 32780**ARTICLE III PURPOSE**The purpose for which the corporation is organized is Rendering the services to the public that a
doctor of medicine, duly licensed under the laws of the State of Florida, is authorized to render.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title Ravi Rao, P, VP, S, T, D

Name and Title: _____

Address 3822 S. WASHINGTON AVE
TITUSVILLE, FL 32780

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title _____

Name and Title _____

Address _____

Address: _____

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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: Sudha Talluri-Rao
Address: 782 Florencia Cir
Titusville, FL 32780

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ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is

Name: Ravi Rao
Address 3822 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

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

Sudha Talluri-Rao

Required Signature/Registered Agent

12/13/2023

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

Ravi Rao

Required Signature/Incorporator

12/13/2023

Date

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