

P95000016737

R.S. VENABLE

(Requestor's Name)

3601 W. SWANN AVE SUITE 103

(Address)

TAMPA, FL 33609

(City, State, Zip)

(Phone #)

1000001417101
-02/28/95--01101--017
*****70.00 *****70.00

OFFICE USE ONLY

95 FEB 27 PM 1:55

FILED
SECRETARY OF STATE
TAMPA, FL 33609

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HEALTH CARE ADVISORY GROUP, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SDC

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
HEALTH CARE ADVISORY GROUP, INC.**

53 FEB 27 PM 1:55

FILED
SECRETARY OF STATE
TAMPA, FLORIDA

ARTICLE I. NAME.

The name of this corporation shall be Health Care Advisory Group, INC.

ARTICLE II. COMMENCEMENT & DURATION.

The commencement of this corporation's existence shall be at the time of the filing of these Articles of Incorporation by the Secretary of State. This corporation's duration shall be perpetual.

ARTICLE III. PURPOSE

This corporation is being organized for the purpose of engaging in the transaction of any and all lawful business activities permitted under the laws of the State of Florida and the United States of America.

ARTICLE IV. CAPITAL STOCK.

This corporation shall have the authority to issue 1,000,000 shares of common capital stock, no par value.

ARTICLE V. INDEMNIFICATION

This corporation shall indemnify any officer, director, employee, or agent, and any former officer, director, employee, or agent, to the full extent permitted by law.

ARTICLE VI. PRINCIPAL OFFICE

The address of this corporation's principal office shall be : 3601 W. Swann Avenue, Suite 103, Tampa, Florida 33609.

ARTICLE VII. INITIAL REGISTERED OFFICE AND AGENT

The address of this corporation's initial registered office shall be: 3601 W. Swann Avenue, Suite 103, Tampa, Florida 33609.

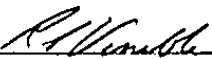
The name of the individual who shall serve as this corporation's initial registered agent at that address is : R.S. Venable.

ARTICLE VIII. INCORPORATOR.

The name and address of this individual who shall serve as this corporation's incorporator is : R.S. Venable, 3601 W. Swann Avenue, Suite 103, Tampa, Florida 33609.

ARTICLE IX. AMENDMENT.

This corporation reserves the right to amend or repeal any provisions in these Articles of Incorporation, or any amendments hereto. Any rights conferred upon the shareholders shall be subject to this reservation.



R. S. Venable - Incorporator

I hereby accept my designation as registered agent and agree to serve as the registered agent of Health Care Advisory Group, Inc. I hereby state that I am familiar with and accept the duties and responsibilities as registered agent for Health Care Advisory Group, Inc.

R. S. Venable

R. S. Venable - Registered Agent

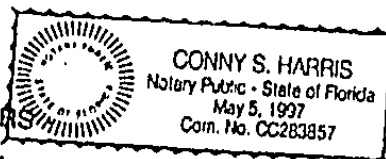
State of Florida
County of Hillsborough

On this 23 day of February, 1995, R.S. Venable, designated above as the individual who shall serve as the corporation's initial registered agent and incorporator, who is personally known to me, or produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and, after being given the oath, acknowledged signing these Articles of Incorporation of Health Care Advisory Group, Inc.

Conny S. Harris
Notary Public

(Notary Public - Printed or Typed Name)

VALID FL DRIVERS
LICENSE WAS USED AS ID.



Commission Expiration Date & Commission Number

(SEAL)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 1:55

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

96 NOV 15 AM 8:57

1996
11/10/96
11-20-96

1. Name and Mailing Address of Corporation: DOCUMENT # P95000016737

HEALTH CARE ADVISORY GROUP, INC.
3601 W. Swann Avenue, Suite 103
Tampa, Florida 33609

2. If Address (in Item 1) is incorrect in any way, enter the correct address below. The name of the corporation can be changed only by proper amendment.

Address 1222 S. Dale Mabry St #617

Address

City and State

TAMPA, FL

Zip Code

33629

3. Date Incorporated or Qualified
To Do Business in Florida

02/27/95

4. FEI Number

57-3368336

FEI Number Applied For

FEI Number Not Applicable

5.

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	R. Stephen Venable	1222 S. Dale Mabry St #617	Tampa, FL 33629

400002010774--0
-11/21/96--01023--008
****375.00 ****375.00

7. Name and Address of Current Registered Agent

R. Stephen Venable
3601 W. Swann Avenue, Suite 103
Tampa, Florida 33609

8. Name and Address of New Registered Agent and/or Office

Name

R. Stephen Venable

Street Address (Do NOT Use P.O. Box Number)

1222 S. Dale Mabry St #617

Street Address (Do NOT Use P.O. Box Number)

City and State

TAMPA

FL

Zip

33629

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

R. Stephen Venable

REGISTERED AGENT MUST SIGN

Date 11-14-96

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Officer or Director

R. Stephen Venable

Date 11-14-96

Daytime Phone # 813-878-1718

Typed or printed name of signing officer or director
R. Stephen Venable