F12000002471

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

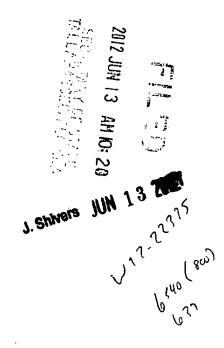
Office Use Only



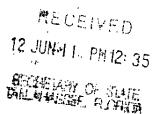
700230081997

06/14/12--01002--009 **800.00

04/20/12--01018--004 **70.00







FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2012

PETER J SCOTT 436 MAIN ST SUITE 202 FRANKLIN, TN 37064

SUBJECT: PHOENIX BILLING INC Ref. Number: W12000022335

We have received your document for PHOENIX BILLING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 512A00012422

COVER LETTER

TO: New Filing Section Division of Corpor			
SUBJECT: PHOEN	IX BILLING INC	;	,
	Name of corpora	tion - must include suffix	
Dear Sir or Madam:			
	or "Certificate of Good S	for Authorization to Transac Standing" and check are sub siness in Florida.	
Please return all correspond	dence concerning this ma	atter to the following:	
PETER J. SCOTT			
		e of Person	
PHOENIX BILLIN	IG INC		
	Firm/C	Company	
436 MAIN STRE	ET, SUITE 202		
		ddress	
FRANKLIN, TN 37	7064		
	City/Sta	te and Zip code	
PSCOTT@PHOENI	XBILLINGINC.CO	M	-
	E-mail address: (to be us	ed for future annual report n	otification)
For further information con	cerning this matter, plea	se call:	12 JUN 13
PETER J. SCOTT	_{at (} 941	3767667	
Name of Person		rea Code & Daytime Telepho	one Number
STREET/COURING New Filing Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32 Enclosed is a check for the	ations nter Circle 301	MAILING Al New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction prporations
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	PHOENIX BIL	LING Inc.			
		orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
	(If name unavaila	ble in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	
	TENNESSEE		3.	262002307	
	(State or country u	inder the law of which it is incorporated)		(FEI number, if applicable)	
4.	02/19/2008		5.	Penjeha	
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6.	01/01/2009				
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7	436 MAIN S	STREET, SUITE 202, FRAN	IKI	_IN, TN 37064	
		(Principal office	addı	ress)	
	436 MAIN 9	STREET, SUITE 202, FR	A٨	IKLIN, TN 37064	
		(Current mailing	addı	ress)	
0	medical bill	ing and healthcare practic	e r	management services	
ο.		of corporation authorized in home state o			
9.	Name and street	address of Florida registered agent: (P.O	D. Box NOT acceptable)	
	Name:	Jacquelyn Bellemare		D. Box NOT acceptable)	Talenta Talenta
Of	ffice Address:	417 12th STREET WEST, SUIT	E	218	3.1
		BRADENTON		, Florida 34205	jë Samon Samon
		(City)		(Zip code)	
10	. Registered ago	ent's acceptance:		•	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: DAVID HART
Address: 436 MAIN STREET, SUITE 202
FRANKLIN, TN 37064
Vice Chairman:
Address:
Director: PETER SCOTT
Address: 436 MAIN STREET, SUITE 202
FRANKLIN, TN 37064
Director: JAIME SCOTT
Address: 436 MAIN STREET, SUITE 202
FRANKLIN, TN 37064
B. OFFICERS
President: PETER SCOTT
Address: 436 MAIN STREET, SUITE 202
FRANKLIN, TN 37064
Vice President:
Address: \tilde{\omega} \tilde{\omega} \tilde{\omega} \tilde{\omega} \tilde{\omega} \tilde{\omega}
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attachyan addendum to the application listing additional officers and/or directors.
13.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. PETER SCOTT

(Typed or printed name and capacity of person signing application)



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

PHOENIX BILLING, INC.

April 4, 2012

STE 202 436 MAIN ST FRANKLIN, TN 37064-2700

Request Type: Certificate of Existence/Authorization

Request #:

0063089

Issuance Date: 04/04/2012

Filing Fee:

Copies Requested:

Document Receipt

Receipt #: 712034

\$20.00

Payment-Check/MO - PHOENIX BILLING, INC., FRANKLIN, TN

\$20.00

Regarding:

PHOENIX BILLING, INC.

Filing Type:

Corporation For-Profit - Domestic

Formation/Qualification Date: 02/19/2008

Status:

Active

Duration Term: Perpetual

Control #:

570454

Date Formed:

02/19/2008

Formation Locale: WILLIAMSON COUNTY

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PHOENIX BILLING, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution? has not been filed.

Tre Hargett Secretary of State

Processed By: Sheila Keeling Verification #: 000734420