# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number: 119990000221 Phone: (631)224-9804 Fax Number: (631)589-2848 SECRETARY OF STATE
TAIL AHASSEF ELOBINA

# FLORIDA PROFIT CORPORATION OR P.A.

APC MEDICAL BILLING SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

# 1030003540348

#### ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT. HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

#### ARTICLE | -NAME

THE NAME OF THE CORPORATION SHALL BE:

APC MEDICAL BILLING SERVICES INC.

### ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

### 11535 GLENMONT DRIVE **TAMPA, FL 33635**

#### ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

2 shares at \$.01 par value

# ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director: Yvonne Holloway 11535 Glenmont Drive, Tampa, FL 33635

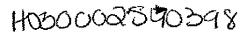
V. President/Director: Sandra Johnson 14410 Geneva Drive, Odessa, FL 33556

## ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

Yvonne Hailoway 11535 Glenmont Drive, Tampa, FL 33635

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## ARTICLE VI-INCORPORATOR:

The name and address of the incorporator to these Articles of incorporation are:

Kerry Walsh Incorporate Time.com, Inc. 35-37 Carleton Avenue, Suite 200 Jslip Terrace, NY 11752

Kerry Walsh, incorporator

Date

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Winne Malloway, Registered Appliet

Date

SECRETARY OF STATE

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