

PD7000046852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

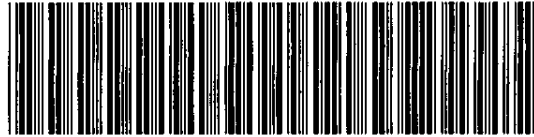
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Nichole Carson GAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles I + VI
DATE 4/17/07
DOG. EXAM MRD

Office Use Only



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04/16/07--01074--004 **70.75

FILED
07 APR 16 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
4/17

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Preferred Medical Resource Services, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Nichole Carson
Name (Printed or typed)

412 NW 15th Terrace
Address

Ft. Lauderdale, FL 33311
City, State & Zip

954-296-2459
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Preferred medical Resource Services, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

412 NW 15th Terrace
Ft. Lauderdale, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

medical Billing Service

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Nichole Carson, Owner

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

412 NW 15th Terrace
Ft. Lauderdale, FL 33311
Nichole Carson

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nichole Carson
412 NW 15th Terrace
Ft. Lauderdale, FL 33311

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

Nichole Carson

Signature/Registered Agent

4/11/07

Date

Nichole Carson

Signature/Incorporator

4/11/07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA