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(Requestor's Name)

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(City/State/Zip/Phone #)

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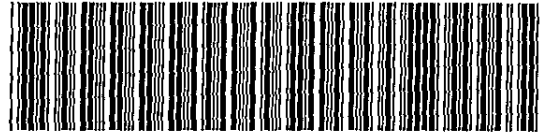
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 9, 2003

MICHAEL M. BAGLEY
MEDI-CLAIMS, INC.
1327 SW 44 TERRACE
DEERFIELD BEACH, FL 33442

SUBJECT: MEDI-CLAIMS, INC.
Ref. Number: W03000000698

We have received your document for MEDI-CLAIMS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return 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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 303A00001176

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103 JAN 22 PM 12:46

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDI-CLAIMS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL M. BAGLEY - Reg Agent
(Name of Person)

MEDI-CLAIMS, INC.
(Firm/Company)

1327 S.W. 44 TERRACE
(Address)

DEERFIELD BEACH, FL. 33442
(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL M. BAGLEY at (954) 776-2660
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$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

03/09/20 PM 12:46
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. MEDI-CLAIMS, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NORTH CAROLINA
(State or country under the law of which it is incorporated)
3. 30-0131900
(FEI number, if applicable)
4. 11-2502
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 162 DULA SPRINGS, WEAVERVILLE, N.C. 28787
(Principal office address)
SAME AS ABOVE
(Current mailing address)
8. MEDICAL INSURANCE BILLING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: MICHAEL M. BAGLEY
Office Address: 1327 S.W. 44 TERRACE
DEERFIELD BEACH, Florida 33442
(City) (Zip code)

10. Registered agent'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.

03 19 22 PM 12:45
REC'D
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CLERK OF THE
SOLICITOR GENERAL'S
OFFICE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Michele Ellison, do hereby certify
(Name)

that this Resolution of the Board of Directors of Medi-Claims Inc

(Corporate Name)

a corporation duly organized and existing under the laws of the State of NORTH CAROLINA,
was duly adopted on 1-21-2003

Be it resolved, that Medi-Claims Inc
(Corporate Name)

organized and existing in the State of NORTH CAROLINA, hereby adopts the name
MEDI-CLAIMS Billing Co for use in Florida.

Dated: 1-21-2003

Michele Ellison
Signature of either Chairman, Vice Chairman or any officer

Michele ELLISON
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michele Ellison

Address: 162 DULA SPRINGS
WEAVERVILLE, N.C. 28787

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michele Ellison
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michele Ellison
(Typed or printed name and capacity of person signing application)

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NORTH CAROLINA

Department of The Secretary of State

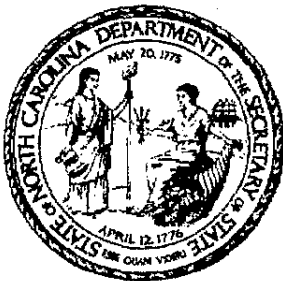
CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

MEDI - CLAIMS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of November, 2002, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 25th day of November, 2002.

Elaine F. Marshall
Secretary of State