

FO6000023533

(Requestor's Name)

Lawrence E. Crary III, Esq.
Crary Buchanan Law Offices
555 Colorado Avenue

Stuart, Florida 34994
(City) (Zip code)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAY 18 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2006

LAWRENCE E. CRARY III, ESQ
CRARY BUCHANAN LAW OFFICES
STUART, FL 34994

SUBJECT: BILLING FOR MEDICAL PROFESSIONAL, INC.
Ref. Number: W06000017667

We have received your document for BILLING FOR MEDICAL PROFESSIONAL, INC. and your check(s) totaling \$3450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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) 245-6928.

Tim Burch
Document Specialist

Letter Number: 906A00025191

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06 MAY 17 PM 2:53

**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.*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Billing for Medical Professionals, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 65-1106629

(FEI number, if applicable)

4. October 17, 2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4425 Martin Highway, Palm City, Florida 34990

(Principal office address)

P.O. Box 1097, Palm City, Florida 34991

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized under
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) the laws of the State
of Florida.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lawrence E. Crary III, Esq.

Crary Buchanan Law Offices

Office Address: 555 Colorado Avenue

Stuart, Florida 34994

(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.

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

A. DIRECTORS

Director: Barrie L. Brown

Address: 3494 SW Canoe Place

Palm City, Florida 34990

Director: _____

Address: _____

Director: Matthew S. Brown

Address: 3378 SW Bessey Creek Trl

Palm City, Florida 34990

Director: _____

Address: _____

B. OFFICERS

President: Barrie L. Brown

Address: 3494 SW Canoe Place

Palm City, Florida 34990

Vice President: Robert Dunlap

Address: _____

Secretary: Matthew S. Brown

Address: 3378 SW Bessey Creek Trl Palm City, Florida 34990

Treasurer: Matthew S. Brown

Address: 3378 SW Bessey Creek Trl, Palm City, Florida 34990

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

13. 

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

14. Barrie L. Brown, President

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

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2008 MAY 17 AM 9:34
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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

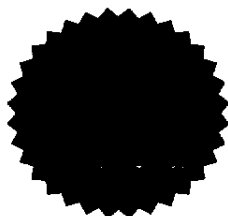
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BILLING FOR MEDICAL PROFESSIONALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2006.

FILED

2006 MAY 17 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4740042

DATE: 05-12-06