

AUG 20, 2007 2:17 PM
Division of Corporations

CAPITAL CONNECTION

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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : YOUR CAPITAL CONNECTION, INC.
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TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Accurate Medical Billing Service Inc

Certificate of Status	0
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**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. Accurate Medical Billing Service, Inc.

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

Accurate Medical Billing Service of North Florida Inc

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

2. Georgia

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

3. 26-0680531

(FBI number, if applicable)

4. 01/02/2004

(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. 900 Cesery Blvd Suite 107, Jacksonville, Florida 32211

(Principal office address)

1230 Peachtree St NE Promendae II 18th Floor Atlanta, GA 30309

(Current mailing address)

8. Medical Billing, Consulting, Marketing

(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 NOT acceptable)

Name: **Melissa Watts**

Office Address: **900 Cesery Blvd Suite 107**

Jacksonville

(City)

Florida 32211

(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.

Melissa Watts

(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.

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

A. DIRECTORS

Chairman: Alicia White 90% owner

Address: 900 Cesery Blvd Suite 107
Jacksonville, Florida 32211

Vice Chairman: Melissa Watts 10% owner

Address: 900 Cesery Blvd Suite 107
Jacksonville, Florida 32211

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alicia White

Address: 900 Cesery Blvd Suite 107
Jacksonville, Florida 32211

Vice President: Melissa Watts

Address: 900 Cesery Blvd Suite 107
Jacksonville, Florida 32216

Secretary: D. Ferguson

Address: 900 Cesery Blvd Suite 107, Jacksonville, Florida 32211

Treasurer: _____

Address: _____

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

13. _____

Melissa Watts

(Signature of Director or Officer listed in number 12 of the application)

14. Melissa Watts

Vice President

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

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Control No. 0400181

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

ACCURATE MEDICAL BILLING SERVICE, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 01/02/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 17th day of August, 2007

Karen C Handel
Secretary of State

Certification Number: 1588710-1 Reference:
Verify this certificate online at <http://corp.sos.state.ga.us/corp/cockb/verify.asp>

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