

F96000002233

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: ANDRES MEDICAL BILLING, LTD.
(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:

Patrick J. Mannix
(Name of Person)
Andres Medical Billing, Ltd.
(Firm/Company)
208 W. University Dr.
(Address)
Arlington Heights, IL 60004
(City/State/Zip)

500001738955
-03/11/96--01068--018
*****78.75 *****78.75

W96-5779

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY -3 PM 1:58

Should you need to call someone concerning this matter, please call:

Patrick J. Mannix at (800) 244-2345
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 18, 1996

PATRICK J. MANNIX
% ANDRES MEDICAL BILLING LTD.
208 W UNIVERSITY DR.
ARLINGTON HEIGHTS, IL 60004

SUBJECT: ANDRES MEDICAL BILLING LTD.
Ref. Number: W96000005779

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY -3 PM 1:58

We have received your document for ANDRES MEDICAL BILLING LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

A certificate of existence, 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.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 (904) 487-6097.

Michael Mays
Document Specialist

Letter Number: 496A00012151



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 25, 1996

PATRICK J. MANNIX
% ANDRES MEDICAL BILLING LTD.
208 W UNIVERSITY DR.
ARLINGTON HEIGHTS, IL 60004

SUBJECT: ANDRES MEDICAL BILLING LTD.
Ref. Number: W96000005779

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -3 PM 1:58

We have received your document for ANDRES MEDICAL BILLING LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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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 (904) 487-6097.

Michael Mays
Document Specialist

Letter Number: 196A00019612

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. ANDRES MEDICAL BELLING, LTD. Corporation
(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. ILLINOIS 3. 36-4039987
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 9-5-95 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist; "perpetual")

6. 2-15-96
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 1601 W. MARION, SUITE 203

PUNTA GORDA, FL 33950
(Current mailing address)

8. AMBULANCE BELLING COLLECTION SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Patrick J. Mannix

Office Address: 1601 W. Marion

PUNTA GORDA, Florida, 33950
(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.

Patrick J. Mannix
(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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DIVISION OF CORPORATIONS
96 MAY -3 PM 1:58

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: WILLIAM E. ANDRES

Address: 706 PAMELA

PUNTA GORDA, FL 33950

Vice Chairman: VERONICA L. ANDRES

Address: 706 PAMELA

PUNTA GORDA, FL 33950

Director: DONNA REYNOLDS

Address: 1601 W. MARION, SUITE 203

PUNTA GORDA, FL 33950

Director: PATRICK J. MANNEY

Address: 208 W. UNIVERSITY DR.

ARLINGTON HTS. FL 60004

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: PATRICK J. MANNEY

Address: 208 W. UNIVERSITY

ARLINGTON HTS. FL 60004

Vice President: SHANA BETZ

Address: 208 W. UNIVERSITY

ARLINGTON HTS. FL 60004

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

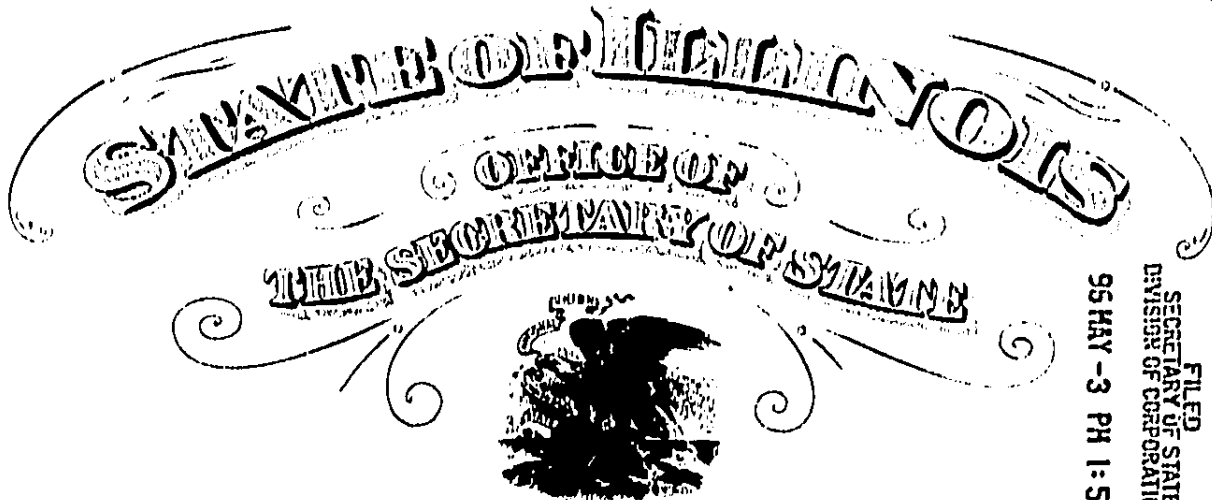
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. PATRICK J. MANNEY C.E.O.
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
96 MAY -3 PM 1:58

File Number 5849-618-9



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -3 PM 1:59

To all to whom these Presents Shall Come, Greeting:

*I, George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that*

ANDRES MEDICAL BILLING, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE SEPTEMBER 5, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, *I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois this* 11TH
day of APRIL *A.D., 19* 96

George H. Ryan
SECRETARY OF STATE