

TRANSMITTAL LETTER

CHK # 2127

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

SUBJECT: PRESTIGE MEDICAL BILLING SERVICES INC.
(Proposed corporate name - must include suffix) 500003075829--7
-12/21/99--01007--018
*****78.75 *****78.75

Enclosed is 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: CHARLOTTE MITCHELL
Name (Printed or typed)

2241 N.W. 192ND TERR.
Address

MIAMI, FLORIDA 33056
City, State & Zip

Charlotte Mitchell 305-948-0112
GAVE AUTHORIZATION BY PHONE TO
CORRECT Art. III, IV
DATE 1-13-00
DOC. EXAM 11912
Daytime Telephone number

FILED
99 DEC 21 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1-13
mc

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PRESTIGE MEDICAL BILLING SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2241 N.W. 192ND TERRACE,
MIAMI, FLORIDA 33056

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CHARLOTTE MITCHELL
2241 N.W. 192ND TERR. MIAMI, FL. 33056

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Charlotte Mitchell
2241 N.W. 192ND TERRACE.
MIAMI, FL. 33056

Charlotte Mitchell

Signature/Incorporator

12-14-99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Charlotte Mitchell

Signature/Registered Agent

12-14-99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA