

TRANSMITTAL LETTER
P00000010714

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

300003110723--5
-01/26/00--01028--006
*****78.75 *****78.75

SUBJECT: Precision Billing, Inc.
(Proposed corporate name - must include suffix)

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: Shannon Kathleen Starn
Name (Printed or typed)

18533 WINDING OAKS BLVD
Address

Hudson, Fla. 34667
City, State & Zip

Shannon Starn (727) 862-5500
Daytime Telephone number

GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art. III + Accept.
DATE 2-1-00
DOC. EXAM WC

FILED
00 JAN 26 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2-1-00

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:

Presicion Billing, Inc.

ARTICLE II PRINCIPAL OFFICE

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

18533 WINDING OAKS BLVD.
HUDSON, FLA. 34667

ARTICLE III SHARES

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

1 Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SHANNON K. STRAM
18533 WINDING OAKS BLVD, HUDSON, FL. 34667

ARTICLE V INCORPORATOR

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

SHANNON K. STRAM
18533 WINDING OAKS BLVD., HUDSON, FL. 34667

Shannon K. Stram

Signature/Incorporator/Registered Agent

Jan. 24, 2000

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

FILED
00 JAN 26 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA