

TRANSMITTAL LETTER

P00000016261

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

500003131475--5  
-02/10/00--01090-010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: COASTAL MEDICAL BILLING CORP.  
(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: DOLORES VIGDERMAN  
Name (Printed or typed)  
8301 NATIONAL DRIVE  
Address  
PORT RICHEY, FLORIDA 34668  
City, State & Zip  
727 819-2427  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 10 AM 7:16

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

g 2/16/00

## 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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 10 AM 7:16

### **ARTICLE I NAME**

The name of the corporation shall be:

COASTAL MEDICAL BILLING CORP.

### **ARTICLE II PRINCIPAL OFFICE**

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

8301 NATIONAL DRIVE

PORT RICHEY, FLORIDA 34668

### **ARTICLE III SHARES**

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

ONE HUNDRED (100)

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

DOLORES VIGDERMAN

8301 NATIONAL DRIVE PORT RICHEY, FLORIDA 34668

### **ARTICLE V INCORPORATOR**

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

TIM DUNCAN

8301 NATIONAL DRIVE PORT RICHEY, FLORIDA 34668

FEB. 6, 2000

Signature/Incorporator

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

*Dolores Vigderman*  
Signature/Registered Agent

FEB. 6, 2000

Date