

TRANSMITTAL LETTER

P00000020299

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

SUBJECT: INFOMED BILLING INC

(Proposed corporate name - must include suffix)

300003141533--1  
-02/21/00--01106--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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: Marc Julio Elizee  
Name (Printed or typed)

2885 Albatross drive  
Address

Cooper City, FL 33026  
City, State & Zip

(954) 433-0096  
Daytime Telephone number

FILED  
00 FEB 21 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Marc Elizee GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT art III  
DATE 2-28-00  
DOC. EXAM BR

## 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:

INFOMED BILLING INC

### ARTICLE II PRINCIPAL OFFICE

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

2885 Albatross drive  
Cooper City, FL 33026

### ARTICLE III SHARES

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

5

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Marc J Elizee, 2885 Albatross drive  
Cooper City FL 33026

### ARTICLE V INCORPORATOR

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

Marc J Elizee 2885 Albatross dr  
Cooper City FL 33026



Signature/Incorporator

02/02/2000

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



Signature/Registered Agent

02/02/2000

Date

FILED  
00 FEB 21 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA