

TRANSMITTAL LETTER

P000000023045

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

SUBJECT: FLORIDA MEDICAL CLAIMS SERVICE, INC
(Proposed corporate name - must include suffix)

100003150931--7
-02/29/00--01012--011
*****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: FRED JOHN
Name (Printed or typed)

1809 PRINCETON LAKES DRIVE, #404
Address

BRANDON, FL 33511
City, State & Zip

813 657-0588
Daytime Telephone number

FILED
2000 FEB 28 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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FILED

2000 FEB 28 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: FLORIDA MEDICAL CLAIMS SERVICE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1809 PRINCETON LAKES DRIVE, NO. 404
BRANDON, FL 33511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE FAST & ACCURATE MEDICAL
BILLING FOR THE MEDICAL INDUSTRY

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):
GARY SLOAN, VP. & TREASURER
3001 S. OCEAN DRIVE, NO. 12L
HOLLYWOOD, FL 33019

FRED JOHN, PRESIDENT, SECRETARY
1809 PRINCETON LAKES DR. NO 404
BRANDON, FL 33511

IRENE TSOTOPoulos, VP
1161 44th AVE. NE
ST. PETERSBURG, FL 33703

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

FRED JOHN
1809 PRINCETON LAKES DR. NO 404
BRANDON, FL 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

FRED JOHN
1809 PRINCETON LAKES DR. NO 404
BRANDON, FL 33511

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

Signature/Incorporator

2/25/00
Date

2/25/00
Date