

P 00000027747

TRANSMITTAL LETTER

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

FILED
00 MAR 13 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Medical Billing Services of Palm Beach, Inc.

(Proposed corporate name - must include suffix)

200003167482-1
-03/13/00-01127-006
*****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: Candace MacDowall
Name (Printed or typed)

301 SW 27 AVE
Address

Delray Beach, FL 33445
City, State & Zip

(561) 272-9494
Daytime Telephone number

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

F. CHESLER

MAR 20 2000

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:

Medical Billing Services of Palm Beach Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

301 SW 27 AVE
Delray Beach, FI 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Electronic medical billing

ARTICLE IV SHARES

The number of shares of stock is:

5000 shares of common stock, Per value .01 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Candace MacDowall
301 SW 27 AVE; Delray Beach, FI 33445

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Candace MacDowall
301 SW 27 AVE; Delray Beach, FI 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Candace MacDowall
301 SW 27 AVE; Delray Beach, FI 33445

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.

Candace MacDowall

Signature/Registered Agent

Candace MacDowall

Signature/Incorporator

3-9-2000

Date

3-9-2000

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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