

P00000031562

TRANSMITTAL LETTER

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

FILED
00 MAR 24 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Subject Provider Billing and Collection Services, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$122.50
Filing Fee
& Certified Copy
(ADD'L COPY REQ'D)

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate
(ADD'L COPY REQ'D)

FROM:	Philip K. Akalp
	29395 Agoura Road, Suite 204
	Agoura Hills, California 91301

000003183170--4
-03/24/00--01071--013
*****78.75 *****78.75

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

S. Thompson MAR 29 2000

2

ARTICLES OF INCORPORATION
OF
Provider Billing and Collection Services, Inc.

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: Provider Billing and Collection Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6187 NW 167th Street
Suite H28
Miami, Florida 33015

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 shares at \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

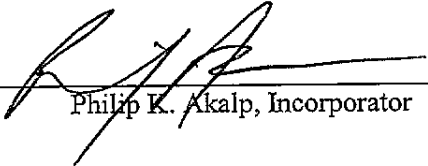
The name and Florida street address of the initial registered agent is:

Olga Falcon
8360 NW 3rd Street
Pembroke Pines, Florida 33024

ARTICLE V INCORPORATOR

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

Philip K. Akalp
29395 Agoura Road, Suite 204
Agoura Hills, California 91301


Philip K. Akalp, Incorporator

3/10/2000
Date

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.


Olga Falcon, Registered Agent

3-21-2000
Date

FILED
00 MAR 24 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA