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TRANSMITTAL LETTER

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

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-07/07/00--01003--001
*****87.50 *****87.50

N. Fl.

SUBJECT: PROFESSIONAL MEDICAL BILLING CORPORATION
(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: ROBIN E. LASTER
Name (Printed or typed)

6803 FORSYTHE DR
Address

PANAMA CITY, FL 32404-4901
City, State & Zip

850-874-8868
Daytime Telephone number

FILED
00 JUL -6 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robin GAVE
AUTHORIZATION BY PHONE TO
CORRECT None
DATE 7-10-00
DOC. EXAM JC

JUL 10 2000

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

1 37878

ARTICLES OF INCORPORATION

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

FILED
00 JUL -6 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

N. FL. PROFESSIONAL MEDICAL BILLING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6803 FORSYTHE DR, PANAMA CITY, FL 32404-4901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL CLAIMS BILLING AND FULL MEDICAL PRACTICE MANAGEMENT.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ROBIN E. LASTER 6803 FORSYTHE DR. PANAMA CITY, FL 32404-4901

SANDRA F BARRETT 913 PELICAN PL. PANAMA CITY BEACH, FL 32407

ARTICLE VI REGISTERED AGENT

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

ROBIN E. LASTER 6803 FORSYTHE DR, PANAMA CITY, FL 32404-4901

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

ROBIN E. LASTER 6803 FORSYTHE DR. PANAMA CITY, FL 32404-4901

SANDRA F. BARRETT 913 PELICAN PL., PANAMA CITY BEACH, FL 32407

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Robin E Laster ROBIN E. LASTER 7/3/2000

Signature/Registered Agent Date

Robin E Laster Sandra F Barrett 7/3/2000

Signature/Incorporator Date

ROBIN E. LASTER SANDRA F BARRETT