

TRANSMITTAL LETTER

P00000070143

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

**SUBJECT:** Medical Claims & Billing Solutions, Inc.  
(Proposed corporate name - must include suffix)

100003305091  
-06/26/00--01141--0174  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:** Nicholas Rosado  
Name (Printed or typed)  
P.O. Box 780157  
Address  
Sebastian, FL 32958  
City, State & Zip  
(561) 589-2015  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL 20 PM 12:03

FILED

F. CHESN

JUL 24 2000

W-16607

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

2



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 29, 2000

NICHOLAS ROSADO  
P O BOX 780157  
SEBASTIAN, FL 32958

SUBJECT: MEDICAL CLAIMS & BILLING SOLUTIONS INC  
Ref. Number: W00000016607

*Sent  
Withdrawal - Too  
Client is sending the  
articles back - TO  
File after the withdrawal  
is Filed.*

We have received your document for MEDICAL CLAIMS & BILLING SOLUTIONS INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 200A00036713

# 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:

Medical Claims & Billing Solutions, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

585 Redwood Court  
Sebastian, FL 32958

## ARTICLE III SHARES

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

1,000.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Nicholas Rosado  
585 Redwood Court  
Sebastian, FL 32958

## ARTICLE V INCORPORATOR

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

Nicholas Rosado  
585 Redwood Court  
Sebastian, FL 32958



Signature/Incorporator

6/22/00

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

6/22/00

Date

FILED  
00 JUL 20 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA