

PA0000070235

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

800003329678--3

-07/20/00--01053--012

*****87.50 *****87.50

SUBJECT: PHYSICIANS Medical Billing, Inc.
(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: CLARIVEL S. Fresse
Name (Printed or typed)

5289 Commander DR #208
Address

Orlando, Florida 32822
City, State & Zip

407-381-2709
Daytime Telephone number

FILED
00 JUL 20 PM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

T BROWN JUL 24 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:

PHYSICIANS Medical Billing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5289 Commander Dr
#208
Orlando, FL 32822

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing

ARTICLE IV SHARES

The number of shares of stock is:

200 shares of Common stock at \$10.00 per value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Felix Fresse
5289 Commander Dr
#208
Orlando, FL 32822
(President)

Clarivel S. Fresse
5289 Commander Dr
#208
Orlando, FL 32822
(Vice-President)

ARTICLE VI REGISTERED AGENT

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

Clarivel S. Fresse
5289 Commander Dr #208
Orlando, FL 32822

ARTICLE VII INCORPORATOR

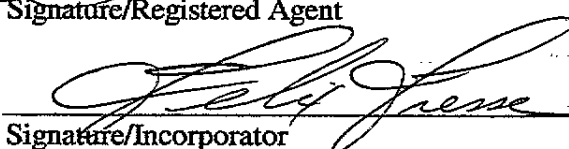
The name and address of the Incorporator is:

Felix Fresse
5289 Commander Dr #208
Orlando, FL 32822

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


Signature/Registered Agent

7-18-00
Date


Signature/Incorporator

7-18-00
Date