

TRANSMITTAL LETTER

P00000098569

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

SUBJECT:

MDR Medical Billing Services, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003429123--4  
-10/18/00--01096--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

Maria A. Ballesteras

Name (Printed or typed)

1718 Grand Isle Drive

Address

Brandon, FL 33511

City, State & Zip

(813) 651-5155

Daytime Telephone number

FILED  
00 OCT 18 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

gj 10/19

**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:

*MDR Medical Billing Services, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*1718 Grand Isle Drive  
Brandon, FL 33511*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*provision of billing services*

**ARTICLE IV SHARES**

The number of shares of stock is:

*one*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

**ARTICLE VI REGISTERED AGENT**

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

*Maria A. Ballesteros  
1718 Grand Isle Drive  
Brandon, FL 33511*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Maria A. Ballesteros  
1718 Grand Isle Drive  
Brandon, FL 33511*

\*\*\*\*\*  
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

*Maria A. Ballesteros*

Signature/Registered Agent

*10/12/00*

Date

*Maria A. Ballesteros*

Signature/Incorporator

*10/12/00*

Date

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TALLAHASSEE, FLORIDA