

P00000111860

TRANSMITTAL LETTER

FILED

00 DEC -6 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

900003461363--0
-11/13/00--01090--023
*****78.75 *****78.75

SUBJECT: Professional Med 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: Margery J. Sherman
Name (Printed or typed)

511 Brookside Drive
Address

Clearwater, FL 33764
City, State & Zip

(727) 446-7756
Daytime Telephone number

51,3544, 195, 7550
W00-27203

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 15, 2000

MARGERY J. SHERMAN
511 BROOKSIDE DRIVE
CLEARWATER, FL 33764

SUBJECT: PROFESSIONAL MEDICAL BILLING, INC.
Ref. Number: W00000027203

PH# (727) 446-7756
Fax# (727) 446-5577

We have received your document for PROFESSIONAL MEDICAL BILLING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 487-6972.

Doris Brown
Document Specialist

Letter Number: 100A00058826

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Professional Med Billing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

511 Brookside Drive
Clearwater, FL 33764

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): Paula Navarro, President, Secretary
Margery Sherman, Vice-President, Treasurer

ARTICLE VI REGISTERED AGENT

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

Margery J. Sherman
511 Brookside Drive
Clearwater, FL 33764

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Margery J. Sherman
511 Brookside Drive
Clearwater, FL 33764

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

Margery Sherman
Signature/Registered Agent

11/1/2000
Date

Margery Sherman
Signature/Incorporator

11/1/2000
Date