

TRANSMITTAL LETTER  
**P010000715294**

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

**SUBJECT:** Medical Transcription & Billing Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003662155--0  
-02/08/01--01094--021  
\*\*\*\*\*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:** Monica Gutierrez  
Name (Printed or typed)

239 Mahogany Terrace  
Address

Davie, FL 33325  
City, State & Zip

(954) 423-3046  
Daytime Telephone number

FILED  
01 FEB -8 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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

2-9-01  
100

# 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:

Medical Transcription & Billing Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

239 Mahogany Terrace  
Davie, FL 33325

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Perform Medical transcription & billing services.

## ARTICLE IV SHARES

The number of shares of stock is: 2,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Monica Gutierrez - President  
239 Mahogany Terrace, Davie, FL 33325  
Lisa Hall - Vice President

## ARTICLE VI REGISTERED AGENT

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

(Lisa Hall) Monica Gutierrez  
239 Mahogany Terrace  
Davie, FL 33325

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monica Gutierrez  
239 Mahogany Terrace  
Davie, FL 33325

\*\*\*\*\*  
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

Monica Gutierrez  
Signature/Registered Agent M. Gutierrez

2/5/01  
Date

Monica Gutierrez  
Signature/Incorporator M. Gutierrez

2/5/01  
Date

FILED  
01 FEB -8 AM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA