TRANSMITTAL LETTER

P01000019798

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

SUBJECT: SUNCOAST MEDICAL & DENTAL BILLING SERVICE, INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)	
	1000037472213 -02/22/0101052004 *****78.75 ******78.75
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:	
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$\$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
FROM: Judy Wustt Name (Printed or typed)	
1033 N. WATERWAY Dr	
FORT MUERS F1 33919 ALLAHASS	
941-454-1717	

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

Daytime Telephone number

918/22

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 & DENTAL Billing Service, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1033 No. WATERWAY Dr. Fort Myers, 81 ARTICLE III PURPOSE The purpose for which the corporation is organized is: MEdical Billing ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): udy What, Pres. WYATT, Vice, Pres., Sec. ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: The name and address of the Incorporator is: DATERWAY Dr. 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 capacify

Judy WyA