

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PD10000046402

Bottom Line Medical Billing, Inc.

FILED  
01 MAY -8 AM 11:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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-05/09/01--01033--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

- ☒ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
☒ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_ J. BRYAN MAY - 9 2001  
\_\_\_\_ Courier \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY -9 AM 10:15  
TALLAHASSEE, FLORIDA  
TO: SECRETARY OF STATE  
FROM: BOTTOM LINE MEDICAL BILLING, INC.  
SUFFICIENTLY FILED

Signature \_\_\_\_\_

Requested by: KC

5/9

Name

Date

Time

Walk-In

Will Pick Up

# ARTICLES OF INCORPORATION

OF

**Bottom Line Medical Billing, Inc.**

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TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I: NAME

The name of the corporation is **Bottom Line Medical Billing, Inc.**

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **12015 Southwest 1st Street, Coral Springs, FL 33071.**

## ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of \$1.00 per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Suzanne Weiss, Esq., 1515 University Drive, Suite 203A, Coral Springs, FL 33071.

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of each member of the initial Board of Directors of the corporation is:

**Jacki Young - President/Director**

**7132 Woodmont Avenue, Tamarac, FL 33321.**

**Monica Seiler - Vice President/Director**

**12015 Southwest 1st Street, Coral Springs, FL 33071.**

The undersigned has executed these Articles of Incorporation this 7th day of May, 2001.

"Capital Connection, Inc. by Kim Clemons, Client Representative"



KIM CLEMONS

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: BOTTOM LINE MEDICAL BILLING, INC.

2. The name and street address of the registered agent and office is: Suzanne Weiss, Esq., 1515 University Drive, Ste. 203A, Coral Springs, FL 33071

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



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