

P 1800059686

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

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-06/13/01--01083--006
*****78.15 *****78.15

SUBJECT:

Medical Billing Professionals 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:

JAMES L. FREEMAN

Name (Printed or typed)

1779 IROQUOIS DRIVE

Address

Apoka FL 32703

City, State & Zip

407-375-5376

Daytime Telephone number

FILED
01 JUN 13 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

6-13-01
180

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 Billing Professionals INC*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *medical Billing Professionals INC.
1779 IROQUOIS DRIVE
Apopka, FL 32703*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Medical Billing*

ARTICLE IV SHARES

The number of shares of stock is: *100 At \$1.00 each*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): *JAMES FREEMAN - President
1779 IROQUOIS DRIVE
Apopka, FL 32703*

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: *JAMES FREEMAN
1779 IROQUOIS DRIVE
Apopka, FL 32703*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *JAMES FREEMAN
1779 IROQUOIS DR
Apopka, FL 32703*

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

[Signature]
Signature/Registered Agent

6/9/01
Date

[Signature]
Signature/Incorporator

6/9/01
Date