

TRANSMITTAL LETTER

P01000086658

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

01 AUG 30 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Physicians Medical Billing & Collection's Inc.,

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400004564344--8

-08/30/01--01064--006

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed are 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: Felicia Wilson Rodgers  
Name (Printed or typed)

3581 S.W.2nd street

Address

Fort. Lauderdale, Florida 33312

City, State & Zip

1-954-771-2711 ext 236

Daytime Telephone number

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

JP 9/4

# 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:

Physicians Medical Billing & Collections Inc.,

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3581 S.W. 2nd Street  
Fort. Lauderdale, Florida  
33312

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

20

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Felicia Wilson Rodgers  
3581 S.W. 2nd Street  
Fort. Lauderdale, Florida 33312  
TITLE: PRESIDENT / initial officer

## ARTICLE VI REGISTERED AGENT

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

Felicia Wilson Rodgers  
3581 S.W. 2nd Street  
Fort. Lauderdale, Florida  
33312

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Felicia Wilson Rodgers  
3581 s.w. 2nd Street  
Fort. Lauderdale, Florida 33312

\*\*\*\*\*  
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

FELICIA WILSON RODGERS

*Felicia Wilson Rodgers*

Signature/Registered Agent

*8/28/01*

Date

*Felicia Wilson Rodgers*

Signature/Incorporator

*8/28/01*

Date

FELICIA WILSON RODGERS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA