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TRANSMITTAL LETTER

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

100004687361--7

-11/19/01--01053--007

\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:

C & E Billing Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

Cynthia D. Mann

Name (Printed or typed)

11323 SW. 13 Place

Address

Davie, FL 33325

City, State & Zip

(954) 805-6160

Daytime Telephone number

FILED  
01 NOV 19 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

D. WHITE NOV 21 2001

**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:

C & E Billing Services, Inc

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11323 S.W. 13 Place  
Davie, FL 33325

**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

**ARTICLE V - INITIAL OFFICERS/DIRECTORS (optional)**

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

Cynthia D. Mann - President

**ARTICLE VI - REGISTERED AGENT**

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

Cynthia D. Mann  
11323 S.W. 13 Place  
Davie, FL 33325

**ARTICLE VII - INCORPORATOR**

The name and address of the Incorporator is:

Cynthia D. Mann  
11323 SW 13 Place  
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

Signature/Registered Agent

Date

Signature/Incorporator

Date