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TRANSMITTAL LETTER

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

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-11/28/01--01009--011
*****87.50 *****87.50

SUBJECT: M. D. Professional Billing 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: Jeff Dariuszka
Name (Printed or typed)

750 Overspin Drive
Address

Winter Park, FL 32789
City, State & Zip

407-599-9786
Daytime Telephone number

FILED
01 NOV 28 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jeff Dariuszka
GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art. IV
DATE 12-8-01
DOC. EXAM 102

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

10-5-01
119C

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:

M.D. Professional Billing Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

750 Overspin Drive
Winter Park, FL
32789

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical And Dental Electronic Billing

ARTICLE IV SHARES

The number of shares of stock is:

1 share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Jeff Dariuszka
750 Overspin Drive
Winter Park, FL
32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeff Dariuszka
750 Overspin Drive
Winter Park, FL, 32789

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