

PO1000121598

TRANSMITTAL LETTER

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

500004738425--5
-12/26/01--01039--011
*****87.50 *****87.50

SUBJECT: Absolute Medical Billing Solutions
(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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Absolute Medical Billing Solutions
Name (Printed of typed)

241 Duncan Loop W. # 301
Address

Dunedin, FL 34698
City, State & Zip

727-736-2699
Daytime Telephone number

EFFECTIVE DATE
1-1-02

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

Dieha GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art 1, 3 & 7
DATE 12/27/01
DOC. EXAM BR

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 27 AM 8:00

BR 12/28/01

W01-29473

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: Absolute Medical Billing Solutions INC.
 2. The principal place of business and mailing address of the corporation is: 241 Duncan Loop W. # 301 Dunedin, Florida 34698.
 3. The corporation shall have the authority to issue 100 shares of stock.
 4. The registered agent of the corporation is Mieka Gerard and the registered street address is 241 Duncan Loop W. # 301 Dunedin, Florida 34698.
 5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: Cherise Evering, 241 Duncan Loop W # 301 Dunedin, Fl. 34698
Mieka Gerard, 385 Fountainview Circle Oldsmar, Fl 34677
- The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.
6. The incorporator of this corporation is Cherise Evering whose street address is 241 Duncan Loop W. # 301 Dunedin, Fl. 34698
 7. Corporate existence shall begin January 1, 2002.

Dated 12-21-01

Cherise Evering
Incorporator

Having 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 am familiar with and accept the obligations of my position as registered agent.

Dated 12-21-01

Mieka Gerard
Registered Agent

EFFECTIVE DATE
1-1-02

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 27 AM 8:30