

TRANSMITTAL LETTER

P01000122174

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

SUBJECT: M.D. SERVICES OF SOUTH FLORIDA, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400004739234-1
-12/26/01-01073-027
*****87.50 *****87.50

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: Marlene Dukeman
Name (Printed or typed)

6705 Green Island Circle
Address

Lake Worth, Florida 33463-7004
City, State & Zip

(561) 434-5601
Daytime Telephone number

FILED
01 DEC 26 AM 9:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

12-31-01 TB

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. SERVICES OF SOUTH FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6705 Green Island Circle
Lake Worth, Florida 33463-7004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Self employed medical billing service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Marlene Dukeman, President
6705 Green Island Circle
Lake Worth, Florida 33463-7004

ARTICLE VI REGISTERED AGENT

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

Marlene Dukeman
6705 Green Island Circle
Lake Worth, Florida 33463-7004

ARTICLE VII INCORPORATOR

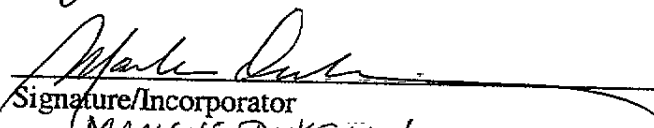
The name and address of the Incorporator is:

Marlene Dukeman
6705 Green Island Circle
Lake Worth, Florida 33463-7004

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

12/20/01
Date


Signature/Incorporator

12/20/01
Date

MARLENE DUKEHAN

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TALLAHASSEE FLORIDA