

P02000011435
TRANSMITTAL LETTER

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

600004744876--0
-12/31/01--01055--005
*****70.00 *****70.00

SUBJECT: Pysician Billing Associates
(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: Jesus Alvarez
Name (Printed or typed)

900 Meridian Avenue Ste. 207
Address

Miami Beach, Florida 33139
City, State & Zip

(305) 534-10310
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN 31 PM 4:43

FILED

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

W02-1257
W02-85
PS 1/2/01



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 15, 2002

JESUS ALVAREZ
900 MERIDIAN AVE, SUITE 207
MIAMI BEACH, FL 33139

SUBJECT: PHYSICIAN BILLING ASSOCIATES
Ref. Number: W02000001257

We have received your document for PHYSICIAN BILLING ASSOCIATES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6915.

Pamela Smith
Document Specialist
New Filings Section

Letter Number: 502A00002160

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: Physician Billing Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 900 Meridian Avenue Ste. 207
Miami Beach, Florida 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Billing Service

ARTICLE IV SHARES

The number of shares of stock is: 25

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Jesus Alvarez
900 Meridian Avenue Ste. 207
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Jesus Alvarez
900 Meridian Avenue Ste. 207
Miami Beach, FL 33139

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA