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TRANSMITTAL LETTER

FILED

02 APR 10 PM 1:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

800005153108--7

-03/25/02--01038--024

*****78.75 *****78.75

SUBJECT: ADVANCED HEALTHCARE BILLING, 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: FRANCOIS LABRECQUE
Name (Printed or typed)

P.O. Box 328, 1891 CENTER RD.
Address

TERRA CEIA, FL 34250
City, State & Zip

(941) 722-0774
Daytime Telephone number

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

D. WHITE APR 10 2002

W02-9064

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 1, 2002

FRANCOIS LABRECQUE
PO BOX 328
TERRA CEIA, FL 34250

SUBJECT: ADVANCED HEALTHCARE BILLING, INC.
Ref. Number: W02000009064

We have received your document for ADVANCED HEALTHCARE BILLING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 102A00019154

ARTICLES OF INCORPORATION

For

ADVANCED HEALTHCARE BILLING, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscriber to these Articles of Incorporation hereby forms a Corporation for profit under the laws of the State of Florida.

ARTICLE I – NAME

The name of the Corporation shall be: **ADVANCED HEALTHCARE BILLING, INC.**

ARTICLE II – DURATION

This Corporation shall have perpetual existence.

ARTICLE III – PURPOSES

The general character or nature of the business to be transacted by this Corporation is to do any and all legal acts as permitted under the laws of the United States and Florida.

ARTICLE IV – CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any time is 100 shares of voting common stock, each having the value of \$1.00.

ARTICLE V – INITIAL OFFICERS/DIRECTORS

The initial officers/directors are:

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
Francois Labrecque	PO Box 328 1891 Center Rd Terra Ceia, FL 34250	President/Director

ARTICLE VI – REGISTERED AGENT

The name and Florida address of the Registered Agent is:

NAME

ADDRESS

Francois Labrecque

1891 Center Rd
Terra Ceia, FL 34250

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

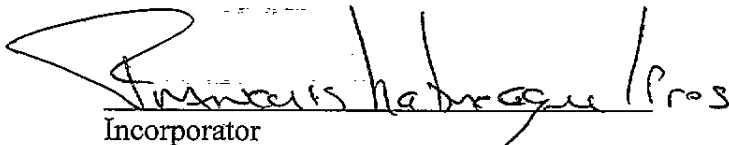
Francois Labrecque

PO Box 328
1891 Center Rd
Terra Ceia, FL 34250

ARTICLE VIII – DATE OF COMMENCEMENT

~~The date of commencement of corporate existence to commence upon March 15, 2002.~~

IN WITNESS THEREOF, the undersigned subscriber has executed these Articles of Incorporation this 15th day of March, 2002.

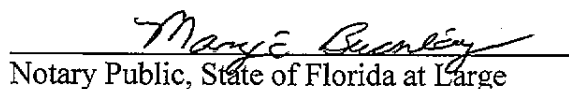

Incorporator

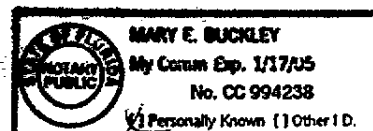
STATE OF FLORIDA)
COUNTY OF MANATEE) ss.

BEFORE ME, a Notary Public authorized to take acknowledgement in the State and County set forth above, personally appeared, Francois Labrecque known to me to be the person who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 20th day of March, 2002.

My commission expires:


Notary Public, State of Florida at Large



AFFIDAVIT:

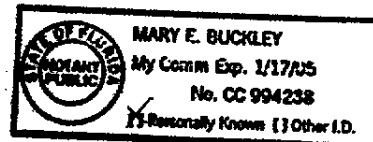
STATE OF FLORIDA)
COUNTY OF MANATEE) ss.

Before me personally appeared Francois Labrecque, who being duly sworn, deposed and says that he executed the foregoing instrument for the purposes expressed therein.

SWORN TO and subscribed before me this 20th day of MARCH A.D., 2002.

My commission expires:

Mary E. Buckley
Notary Public, State of Florida at Large



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DEPARTMENT OF STATE

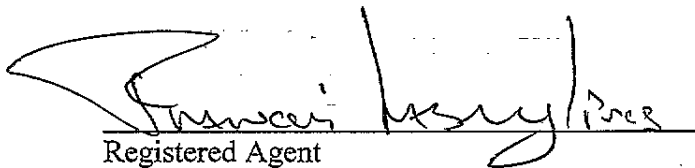
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Certificate designating place of business or domicile for the Service of Process within this State, naming Agent upon whom Process may be served.

The following is submitted, in compliance with chapter 48.091, Florida statutes:
ADVANCED HEALTHCARE BILLING, INC., a corporation organized (or organizing) under the laws of the State of Florida with its principal office at 1891 Center Rd., P.O. Box 328, in the city of Terra Ceia, County of Manatee, and State of Florida 34250, has named Francois Labrecque located at 1891 Center Rd., in the city of Terra Ceia, County of Manatee, and State of Florida 34250, as its agent to accept service of process with this State.

ACCEPTANCE:

I agree as Registered Agent to accept Service of Process; to keep office open during prescribed hours; to post my name (and that of any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in the office as required by law.


Registered Agent