

Can State of the Carlons

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

**□** \$70.00

Filing Fee

\$78.75

Filing Fee

& Certificate of Status

500005396515---3 -05/01/02--01013--004 \*\*\*\*\*87.50 \*\*\*\*\*87.50

**×** \$87.50

Filing Fee,

Certified Copy

SUBJECT: Medical Business Resources, Inc. of Florida
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

□ \$78.75

Filing Fee

& Certified Copy

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

	& Certificate of Status ADDITIONAL COPY REQUIRED
FROM:	BRUCE O. SAVNIK  Name (Printed or typed)
	Name (Finited or typed)
	7380 SAND LAKE RD, SUITE 500
	Address
	ORLANDO, FLORIAA 32819 City, State & Zip
	City, State & Zip
	407-352-5250
	Daytime Telephone number

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

## 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:

Medical Business Resources, Inc. of Florida

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7380 Sand Lake Rd. Suite 500 Orlando, FL 32819

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Billing and Accounts Receivable Services

### ARTICLE IV SHARES

The number of shares of stock is:

50,000,000

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

R. ERIC WHITROCK - PRESIDENT

BRUCE O, SAVNIK - VICE PRESIDENT

RUSSELL W. YORK - VICE PRESIDENT

KEN ANDREWS - VICE PRESIDENT

#### ARTICLE VI REGISTERED AGENT

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

R. ERIC Whitrock

7380 SAND LAKE RD , SUITE 500

ORLANDO, FLORINA 30819

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRUCE O. SAVNIK

7380 SAND LAKE RD, SUITE 500

ORLANDO, FLORIDA 30819

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

4 . 25 -02

Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

4-25-02

Date

Signature/Incorporator