

PO200091092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

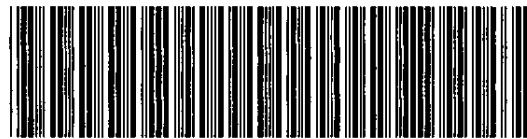
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/06/12--01015--005 \*\*35.00

FILED  
2012 JUL 12 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature and date 7/12/12



# PLEIMAN & COMPANY, P.A.

*Certified Public Accountants*

9471 Baymeadows Rd., Suite 308 • Jacksonville, FL 32256  
Phone: (904) 448-5005 • Fax: (904) 448-9354 • [www.pleiman.com](http://www.pleiman.com)

June 1, 2012

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir or Madame:

Please dissolve the following corporation which was mistakenly set up yesterday.  
MAXIMUM RECOVERIES AND BILLING SERVICES INTERNATIONAL, INC.  
(P12000049818).

We have no plans to revoke this request so if it could be released as soon as possible we would appreciate it.

We were trying to rename an established corporation to this name and did the wrong process. Can the \$70 fee also be returned?

Sincerely,

Thomas C. Pleiman, Jr.

/mlh

June 20, 2012

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FAX: 850-245-6897 attn: Sylvia

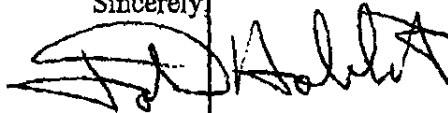
Dear Sir or Madame:

Please dissolve the following corporation which was mistakenly setup MAXIMUM RECOVERIES AND BILLING SERVICES INTERNATIONAL, INC. (P12000049818).

We have no plans to revoke this request so if it could be released as soon as possible we would appreciate it.

We are renaming American Billing Service of Jacksonville International, Inc. to be Maximum Recoveries and Billing Services International, Inc. and will continue to use the EIN established for American Billing for the new entity Maximum Recoveries.

Sincerely,

A handwritten signature in black ink, appearing to read "John Hoblit", with a stylized flourish at the end.

John Hoblit

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: American Billing Service of Jacksonville International, Inc.

DOCUMENT NUMBER: P020000091092

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas C. Pleiman, Jr.

Name of Contact Person

Pleiman & Company, P.A.

Firm/ Company

9471 Baymeadows Road #308

Address

Jacksonville, FL 32256

City/ State and Zip Code

mhampel@pleiman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas C. Pleiman, Jr.

Name of Contact Person

at ( 904 ) 448-5005

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2012

PLEIMAN & COMPANY, P.A.  
C/O THOMAS C. PLEIMAN, JR.  
9471 BAYMEADOWS ROAD, SUITE 308  
JACKSONVILLE, FL 32256

SUBJECT: AMERICAN BILLING SERVICE OF JACKSONVILLE  
INTERNATIONAL, INC.  
Ref. Number: P02000091092

We have received your document for AMERICAN BILLING SERVICE OF JACKSONVILLE INTERNATIONAL, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P12000049818 - MAXIMUM RECOVERIES AND BILLING INTERNATIONAL INC..

The date of adoption of each amendment must be included in the document.

Please return 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) 245-6050.

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2012 JUL 12 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

American Billing Service of Jacksonville International, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P020000091092

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Maximum Recoveries and Billing Services International, Inc.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____
2) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____
3) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____
4) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____
5) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____
6) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____

[illegible][illegible]