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TRANSMITTAL LETTER

FILED

02 AUG 23 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Comprehensive Medical Claim Services, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

200007306122--6
-08/23/02--01029--013
*****78.75 *****78.75

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: Angelo Ferlita Judith Shaller
Name (Printed or typed)

1882 Pine Ridge Way West
Address

Palm Harbor, FL 34684
City, State & Zip

727 785-5286
Daytime Telephone number

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

Angelo Ferlita GAVE
AUTHORIZATION BY PHONE TO
CORRECT Shares
DATE 8/26/02
DOC. EXAM DL

JT 8-26-02

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Comprehensive Medical Claims Services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1882 Pine Ridge Way West F 2
Palm Harbor, FL 34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct a medical billing business

ARTICLE IV SHARES

The number of shares of stock is:

(100)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

President, Angelo F. Ferlita 804 Brantenburs Way, Lutz FL, 33548
Vice President + Secretary, Judith Shaller 1882 Palm Ridge Wy. West F2, Palm Harbor, FL 34684

ARTICLE VI REGISTERED AGENT

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

Melvin Norman Shaller
1882 Pine Ridge Way, West, Fl
Palm Harbor, FL 34684

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Angelo F Ferlita
804 Brantenburs Way
Lutz, FL 33548

****

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

Melvin N Shaller
Signature/Registered Agent

8/19/02
Date

Angelo F Ferlita
Signature/Incorporator

8/19/02
Date

Judith A Shaller

8/19/02