

PO2000098840

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

500007656495--9  
-09/11/02--01009--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: LYS Medical Billing Services, 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: L. Yvonne Slicker  
Name (Printed or typed)  
1313 E Edgewood Dr  
Address  
Lakeland FL 33803-3225  
City, State & Zip  
863-680-1929  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 SEP 11 PM 2:59

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

9-12-02  
WC

**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:

LYS Medical Billing Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1313 E Edgewood Dr Lakeland FL 33803-3225

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
02 SEP 11 PM 2:59

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Billing

**ARTICLE IV SHARES**

The number of shares of stock is:

200

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

L. Yvonne Slicker, President 1313 E Edgewood Dr Lakeland FL 33803-3225

Thomas M. Slicker, Treasurer 1313 E Edgewood Dr Lakeland FL 33803-3225

**ARTICLE VI REGISTERED AGENT**

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

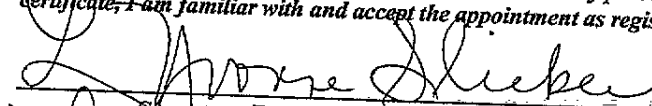
L. Yvonne Slicker 1313 E Edgewood Dr Lakeland FL 33803-3225

**ARTICLE VII INCORPORATOR**

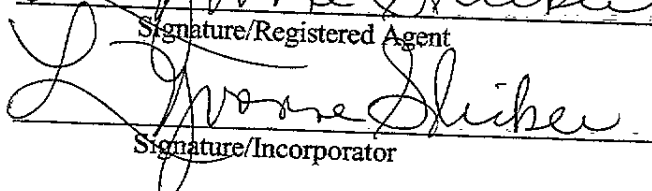
The name and address of the Incorporator is:

L. Yvonne Slicker 1313 E Edgewood Dr Lakeland FL 33803-3225

\*\*\*\*\*  
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

09/04/2002  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

09/04/2002  
\_\_\_\_\_  
Date