

P02000 111026

TRANSMITTAL LETTER

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

700008173237--5
-10/03/02--01027--013
*****87.50 *****87.50

SUBJECT: Medical Business 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: Hyacin R. Christy
Name (Printed or typed)
27 Springdale Rd
Address
Lake Worth, FL 33467
City, State & Zip
561 7192126
Daytime Telephone number

02 OCT 14 PM 1:37

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W2 28844

F. 01-23-2002 OCT 7

2



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 7, 2002

HYACIN R CHRISTY
27 SPRINGDALE ROAD
LAKE WORTH, FL 33467

SUBJECT: MEDICAL BUSINESS SERVICES, INC.
Ref. Number: W02000028844

We have received your document for MEDICAL BUSINESS SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6904.

Freida Chesser
Corporate Specialist
New Filings Section

Letter Number: 302A00056043

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 Office Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

27 Springdale Road, Lake Worth, FL, 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Suzanne L. Haymond, Pres.
5521 S. 38th Ct.
Greenacres, FL 33463

Hyacin R. Christy, Treas.
27 Springdale Rd
LW FL 33467

ARTICLE VI REGISTERED AGENT

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

Hyacin R. Christy
27 Springdale Rd
LW FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Suzanne L. Haymond
5521 S. 38th Ct.
Greenacres, FL 33463

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

Date

Signature/Incorporator

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 OCT 14 PM 1:38