

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : AC HOME/OFFICE SERVICES CORP.
Account Number : I20010000212
Phone : (786)247-4780
Fax Number : (305)557-4621

FILED
02 NOV -8 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

ACCIDENT CLINIC OF N.M.B., INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ULTIMATE MEDICAL BILLING

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p.2

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

ACCIDENT CLINIC OF N.M.B., INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1332 NE 163 Street
N. Miami Beach, FL 33162

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL ABRAMOV
16751 N E 9th AVENUE APT 301
NORTH MIAMI BEACH, FL 33162

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

MICHAEL ABRAMOV
16751 NE 9th Avenue Apt #301
N. Miami Beach, FL 33162

The undersigned incorporator has executed these Articles of Incorporation this 7th day of November 2002


Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

MICHAEL ABRAMOV
16751 N E 9th Avenue Apt 301
N. Miami Beach, FL 33162

PRESIDENT

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature

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