

PO2000123733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

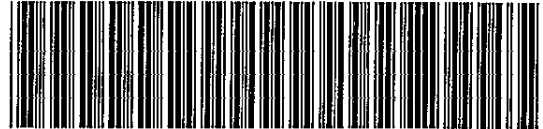
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: PHYSICIAN'S BILLING MANAGEMENT, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ROBERT ZAFFINO
Name (Printed or typed)

14030 MUSTANG TRAIL
Address

SOUTHWEST RANCHES, FL. 33330
City, State & Zip

954-252-9856
Daytime Telephone number

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

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:

PHYSICIAN'S BILLING MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14030 MUSTANG TRAIL
SOUTHWEST RANCHES, FL. 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: N/A

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ROBERT ZAFFINO - PRESIDENT
14030 MUSTANG TRAIL
SOUTHWEST RANCHES, FL. 33330

ARTICLE VI REGISTERED AGENT

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

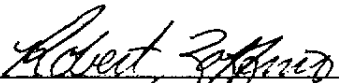
ROBERT ZAFFINO
14030 MUSTANG TRAIL
SOUTHWEST RANCHES, FL. 33330

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

ROBERT ZAFFINO
14030 MUSTANG TRAIL
SOUTHWEST RANCHES, FL. 33330

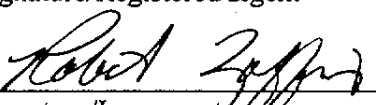
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



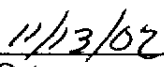
Signature/Registered Agent



Date



Signature/Incorporator



Date

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT