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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

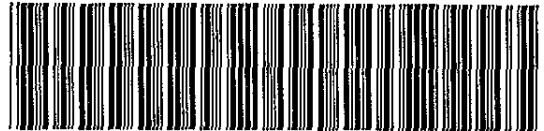
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
CORPORATIONS  
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1-13-03

## TRANSMITTAL LETTER

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

**SUBJECT:** SUNSET STRIP MEDICAL BILLING, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

**FROM:** DERWIN WESTERBURGER  
Name (Printed or typed)

6765 SUNSET STRIP #6  
Address

SUNRISE, FL, 33313  
City, State & Zip

(954) 572-2824  
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:

SUNSET STRIP MEDICAL BILLING, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6765 SUNSET STRIP #6

SUNRISE, FL, 33313

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL INSURANCE BILLING/CODING

### ARTICLE IV SHARES

The number of shares of stock is:

1000

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

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

DERWIN WESTERBURGER-PRESIDENT-CHAIRMAN

ANA MARIA OVIEDO -VICEPRESIDENT/SECRETARY

ENRIQUE LEWIS -DIRECTOR

6765 SUNSET STRIP #6

SUNRISE, FL, 33313

### ARTICLE VI REGISTERED AGENT

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

DERWIN WESTERBURGER 6765 SUNSET STRIP #6

SUNRISE, FL, 33313

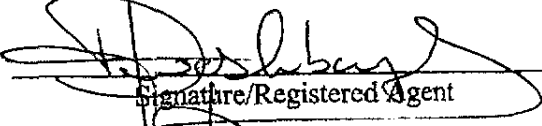
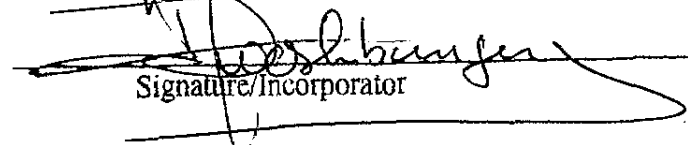
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DERWIN WESTERBURGER 6765 SUNSET STRIP #6

SUNRISE, FL, 33313

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

12/18/2002  
\_\_\_\_\_  
Date

12/18/2002  
\_\_\_\_\_  
Date

FILED  
CLERK OF STATE  
OFFICE OF CORPORATIONS  
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