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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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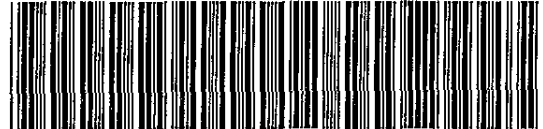
(Business Entity Name)

(Document Number)

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03 MAY 23 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

**JAMES N. CASESA, P.A.**

*Attorney at Law*

MEMBER:  
FLORIDA BAR  
NEW YORK BAR

3845 FIFTH AVENUE NORTH  
ST. PETERSBURG, FLORIDA 33713-7537  
TELEPHONE (727) 323-4719  
FAX (727) 327-5554

CRAIG PLOTNER  
LEGAL ASSISTANT

IN REPLY REFER TO

April <sup>22</sup>~~11~~, 2003

Division of Corporations  
Secretary of State  
The Capitol  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Physician Solutions, Inc.

Gentlemen:

Enclosed is the signed original and one copy of the Articles of Incorporation of the above corporation. I have also enclosed a check in the amount of \$70.00 for the filing and designation of the registered agent.

Please process this at your earliest opportunity and return a date stamped uncertified copy of the Articles of Incorporation to this office in the self-addressed stamped envelope provided.

Thank you for your assistance. If you have any questions, please do not hesitate to call.

Very truly yours,

JAMES N. CASESA

JNC/kh

Enclosures



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 29, 2003

JAMES N. CASESA, P.A.  
3845 FIFTH AVENUE NORTH  
ST. PETERSBURG, FL 33713-7537

SUBJECT: PHYSICIAN SOLUTIONS, INC.  
Ref. Number: W03000012104

We have received your document for PHYSICIAN SOLUTIONS, INC. and your check(s) totaling \$70.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**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) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 203A00025874

RECEIVED  
03 MAY 23 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

03 MAY 23 PM 4:20

ARTICLES OF INCORPORATION  
FOR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CAVALIER BILLING ASSOCIATES, INC.

THE UNDERSIGNED, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is Cavalier Billing Associates, Inc.

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purposes for which the corporation is organized are:

1. To own and operate a medical billing and consulting business.
2. To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
3. To do such other things as are incidental to the foregoing or necessary or desirable in order to more fully accomplish the foregoing.

ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is one thousand (1000). Such shares shall be of a single class and shall have a par value of one dollar (\$1.00) per share.

ARTICLE FIVE

The street address of the initial registered office of the Corporation and the name of it's initial registered agent at such address is:

Janis Cavalier  
3485 Deltona Blvd.  
Spring Hill FL 34606

The street address of the initial principal office of the Corporation is:

3485 Deltona Blvd.  
Spring Hill FL 34606

ARTICLE SIX

The number of directors constituting the initial board of directors of the corporation is one (1). The name and address of each person who is to serve upon the initial board of directors are:

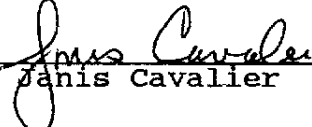
Janis Cavalier  
3485 Deltona Blvd.  
Spring Hill FL 34606

ARTICLE SEVEN

The name and address of the incorporator is:

Janis Cavalier  
3485 Deltona Blvd.  
Spring Hill FL 34606

EXECUTED by the undersigned at Spring Hill, Hernando County, Florida on the 19 day of May, 2003.

  
Janis Cavalier

ACKNOWLEDGMENT

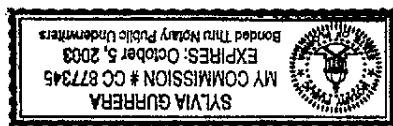
STATE OF FLORIDA)

COUNTY OF HERNANDO)

~~BEFORE ME~~, personally appeared, Janis Cavalier, who is personally known to me or presented \_\_\_\_\_ as identification, and is to me well known to be the person described

in and who executed the forgoing articles of incorporation and acknowledged to and before me that the said articles were executed for the purposes therein expressed.

WITNESS MY HAND AND OFFICIAL SEAL, this 19 day of May, 2003, at Spring Hill, Hernando County, Florida.



Sylvia Guerra  
Notary Public  
My commission expires:

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS  
MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING  
IS SUBMITTED:

Cavalier Billing Associates, Inc.

DESIRING TO ORGANIZED OR QUALIFY UNDER THE LAWS OF THE STATE OF  
FLORIDA, WITH IT'S PRINCIPAL PLACE OF BUSINESS AT CITY OF SPRING  
HILL, STATE OF FLORIDA HAS NAMED:

Janis Cavalier  
3485 Deltona Blvd.  
Spring Hill FL 34606

AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE: Janis Cavalier  
TITLE: Owner  
DATE: 5-19-03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY  
AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH  
THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES.

SIGNATURE: Janis Cavalier  
DATE: 5-19-03

03 MAY 23 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED