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(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

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CLERK OF STATE  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

03 MAY 27 AM 11:40

RECEIVED

FILED  
03 MAY 27 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W03-15001

30-59  
B

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Medical Billing Solutions Inc

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_

\_\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

\_\_\_\_\_ Cert. Copy \_\_\_\_\_

☒ Photo Copy \_\_\_\_\_

\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_\_ Courier \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 27, 2003

CAPITAL CONNECTION, INC.

SUBJECT: MEDICAL BILLING SOLUTIONS, INC.  
Ref. Number: W03000015001

RECEIVED  
03 JUN -4 PM 3:38  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for MEDICAL BILLING 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.**

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6930.

Donna Graves  
Document Specialist  
New Filings Section

Letter Number: 603A00033271

**RE-SUBMIT**  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

FILED

03 MAY 27 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

**MEDICAL BILLING SOLUTIONS OF CENTRAL FLORIDA, INC.**

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation shall be:

**MEDICAL BILLING SOLUTIONS OF CENTRAL FLORIDA, INC.**

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation shall be:

Post Office Box 290651  
Port Orange, FL 32129-0651

**ARTICLE III - CAPITAL STOCK**

The aggregate number of shares which the Corporation has authority to issue is One Hundred (100) shares, all of which shall be common shares with a par value of \$1.00 per share.

**ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Marshall H. Barkin  
149 S. Ridgewood Ave., Suite 710  
Daytona Beach FL 32114

**ARTICLE V - MANAGEMENT**


The business of the Corporation shall be managed by its shareholders.

**ARTICLE VI - INCORPORATOR**

The name and street address of the incorporator is:

Marshall H. Barkin  
149 S. Ridgewood Ave, Suite 710  
Daytona Beach, FL 32114

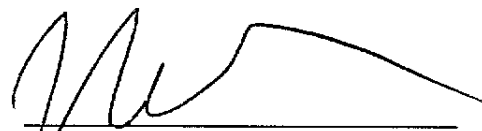
IN WITNESS WHEREOF, I have hereunto subscribed my name this  
29 day of May, 2003.

  
\_\_\_\_\_  
Marshall H. Barkin, Incorporator

**ACCEPTANCE OF  
APPOINTMENT AS REGISTERED AGENT**

The undersigned, having been named as the Registered Agent, in the above Articles of Incorporation, hereby consents to accept service of process for the Corporation at the place designated in the Articles of Incorporation, and accepts the appointment as Registered Agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of the position as Registered Agent.

Dated this 29 day of May, 2003.

  
\_\_\_\_\_  
Marshall H. Barkin