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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OB 10/16

TRANSMITTAL LETTER

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

SUBJECT: ADVANCED MEDICAL BILLING + CLAIMS, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

GIUSTE MACON
Name (Printed or typed)

1333 W. 33RD STREET
Address

RIVIERA BEACH, FL 33404
City, State & Zip

(561) 844-4271
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ADVANCED MEDICAL BILLING + CLAIMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1333 W. 33RD STREET
RIVIERA BEACH, FL 33404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE MEDICAL BILLING SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

10 SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

GUSSIE MACON
1333 W. 33RD STREET
RIVIERA BEACH, FL 33404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GUSSIE MACON
1333 W. 33RD STREET
RIVIERA BEACH, FL 33404

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

Guissie Macon
Signature/Registered Agent

7/10/03
Date

Dan K. Adams
Signature/Incorporator

7/10/03
Date