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(Address)

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(City/State/Zip/Phone #)

11

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STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: ACCURATE BILLING & CODING 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: ACCURATE BILLING & CODING INC

Name (Printed or typed)

8217 TODD PLACE

Address

PLANT CITY, FL 33565

City, State & Zip

813 986-8555

986-8595

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:  
ACCURATE BILLING & CODING INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
8217 TODD PLACE  
PLANT CITY, FL 33565

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO START A NEW BILLING BUSINESS

### **ARTICLE IV SHARES**

The number of shares of stock is:  
100 SHARES

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
DONNA L GLISSON - PRESIDENT  
8217 TODD PLACE  
PLANT CITY, FL 33565

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
DONNA L GLISSON  
8217 TODD PLACE  
PLANT CITY, FL 33565

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
DONNA L GLISSON  
8217 TODD PLACE  
PLANT CITY, FL 33565

\*\*\*\*\*

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

Donna L. Glisson  
Signature/Registered Agent

AUG 27, 2003

Date

Donna L. Glisson  
Signature/Incorporator

AUG 27, 2003

Date

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA