

PA3000103064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

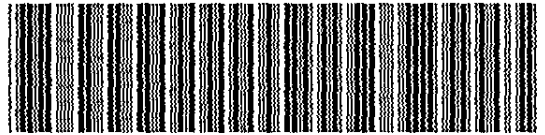
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300022920813

09/19/03--01059--021 **78.75

~~09/19/03--300022920813--021 **78.75~~

RECEIVED
03 SEP 19 AM 11:12
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP 19 PM 12:28

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. RELIABLE MEDICAL BILLING, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE 1 – NAME

The name of the corporation shall be:

Reliable Medical Billing, Inc.

ARTICLE 2 – PRINCIPAL OFFICE

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

**18490 SW 216 Street
Miami, Florida 33170**

ARTICLE 3 – SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is:

One hundred (100) Shares; \$1.00 par value.

ARTICLE 4 – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Berta M. Sanders
9550 NW 77 Avenue Suite 3
Hialeah Gardens, Florida 33016**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP 19 PM 12:27

ARTICLE 5 – INCORPORATOR

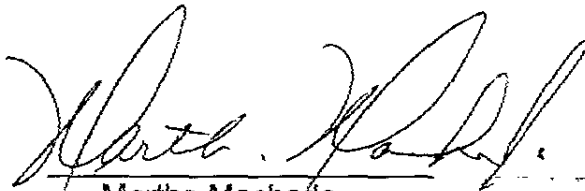
The name and street address of the incorporators to these Articles of Incorporation are:

Martha Machado
18490 SW 216 Street
Miami, Florida 33170

Ana M Ariza
9470 SW 29 Terrace
Miami, Florida 33165

ARTICLE 6 – DIRECTORS

The undersigned incorporators have executed these Articles of Incorporation this 19th Day of September, 2003.



Martha Machado



Ana M Ariza

**CERTIFICATE OF DESIGNATION REGISTERED
AGENT/REGISTERED OFFICE**

Pursuant To the provisions of sections 607.0501 or 617.0501, Florida statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the designation of the registered agent/registered office, in the State of Florida.

- 1.- The name of the Corporation is : Reliable Medical Billing, Inc.
- 2.- The name and address of the registered agent and office is:

**Berta M. Sanders
9550 NW 77 Avenue Suite 3
Hialeah Gardens, Florida 33016**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: Berta M. Sanders

Date: 9/10/2003

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP 19 PM 12: 27