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To:

Division of Corporations

Fax Number : (85

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From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 03 OCT 28 AM 8: 17

SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

ELITE MEDICAL BILLING AND CONSULTANTS, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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ELITE MEDICAL BILLING AND CONSULTATION, INC. 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 I - Name

The name of the corporation shall be:

Elite Medical Billing and CONSULTANTS, INC.

Article II - Principal Office

The principal place of business and mailing address of this corporation shall be: 21452 Webbwood Avenue Port Charlotte, Florida 33954

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Initially 25 shares shall be issued to Genifer Mastrella, 25 shares to Anne Ciranello, 25 shares to Thomas Ciranello and 25 shares to Frank Mastrella

One Thousand (1,000) - ten cents par value

Article IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are:

Genifer Mastrella 21452 Webbwood Avenue Port Charlotte, Florida 33954 Article V - Incorporator The name and address of the incorporator of these Articles of Incorporation are:

President - Genifer Mastrella 21452 Webbwood Avenue Port Charlotte, Florida 33954

Vice President - Thomas Ciranello 21442 Webbwood Avenue Port Charlotte, Florida 33954

Treasurer - Anne Ciranello 21442 Webbwood Avenue Port Charlotte, Florida 33954

Secretary - Frank Mastrella 21452 Webbwood Avenue Port Charlotte, Florida 33954

Frank Mastrella

Date: 10-10-03

Thomas Ciranello

Date: 10-10-12

Date: 10-10-

Having been named as registered agent 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 stances 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

Genifer Mastrella,

Registered Agent

Date 10