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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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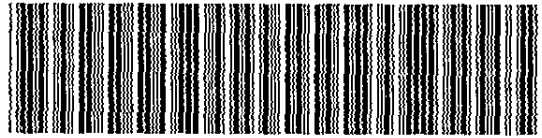
(Business Entity Name)

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F. CHEN 2003 OCT 30

# CAPITAL CONNECTION, INC.

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

Premier Medical Billing

Signature \_\_\_\_\_

Requested by: SW

10/29

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 \_\_\_\_\_

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

**Premier Medical Billing Services, 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: **Premier Medical Billing Services, Inc.**

**ARTICLE II**  
**PRINCIPLE OFFICE**

The address of the principal office of the named corporation shall be:

3880 NW 39th Street, Lauderdale Lakes, Florida 33309

The mailing address for the named corporation shall be:

3880 NW 39th Street, Lauderdale Lakes, Florida 33309

**ARTICLE III**  
**SHARES**

The named corporation shall have the authority to issue 1,000,000 shares of common stock, each with a par value of \$ .01

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

The registered agent of the named corporation shall be: Paula Artwell and the address of the registered agent shall be: 3880 NW 39th Street, Lauderdale Lakes, Florida 33309

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**ARTICLE V  
BOARD OF DIRECTORS**

The initial Board of Directors of the named corporation shall have two members whose names and addresses are as follows:

Paula Artwell	Lauderdale Lakes, Florida
Eric L. Haynes	Lauderdale Lakes, Florida

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

**ARTICLE VI  
SHAREHOLDER'S PREEMPTIVE RIGHTS**

Shareholder's shall have the right to maintain the same fractional interest in the corporation by purchasing a proportionate number of shares of any additional issuances of stock.

**ARTICLE VII  
INCORPORATOR**

The incorporator of this corporation is Paula Artwell whose address is 3880 NW 39th Street, Lauderdale Lakes, Florida 33309

The undersigned incorporator has executed these Articles of Incorporation this 16th day of October 2003.

  
\_\_\_\_\_  
Paula Artwell, Incorporator

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Premier Medical Billing Services, Inc.**
2. The name and address of the registered agent and office is:

Paula Artwell  
3880 NW 39th Street  
Lauderdale Lakes, Florida 33309

*Having been named 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.*

Paula Artwell  
Signature

10-23-2003  
Date

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