

PO4000031272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

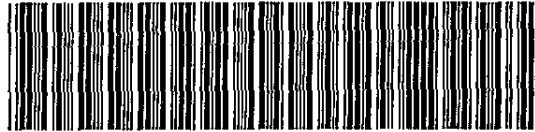
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 FEB 11 PM 3:42
SECOND FLOOR
TALLAHASSEE, FLORIDA

FILED

2/11/04

TRANSMITTAL LETTER

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

SUBJECT: Laurelwood Billing, 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
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: Roberta J. Pannozzo

Name (Printed or typed)

4822 Northwest 100 Terrace

Address

Coral Springs, Florida 33076

City, State & Zip

954-755-8842

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Laurelwood Billing, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4822 Northwest 100 Terrace
Coral Springs, Florida 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provides medical billing and secretarial services.

MEDICAL

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President, Secretary, Director:
Roberta J. Pannozzo
4822 Northwest 100 Terrace
Coral Springs, Florida 33076

ARTICLE VI REGISTERED AGENT

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

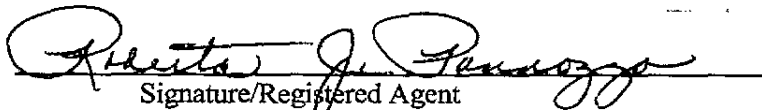
Roberta J. Pannozzo
4822 Northwest 100 Terrace
Coral Springs, Florida 33076

ARTICLE VII INCORPORATOR

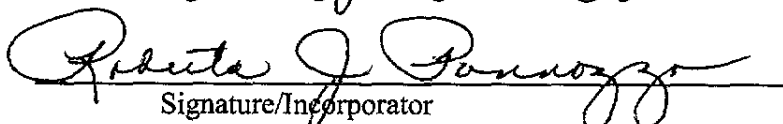
The name and address of the Incorporator is:

Roberta J. Pannozzo
4822 Northwest 100 Terrace
Coral Springs, Florida 33076

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


Signature/Registered Agent

2-9-2004
Date


Signature/Incorporator

2-9-2004
Date