

P04000049618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

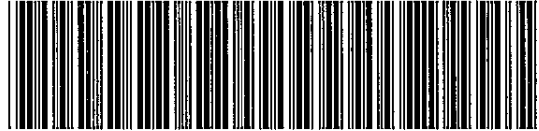
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200030382112

03/16/04--01025--024 **137.50

04 MAR 15 PM 3:46

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

3-19-04
W

TRANSMITTAL LETTER

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

SUBJECT: Domestication

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

FROM: Cynthia M. Buck

Name (printed or typed)

13123 Meergate Circle

Address

Orlando, FL 32837

City, State & Zip

407-447-6363

Daytime Telephone number

CERTIFICATE OF DOMESTICATION

The undersigned, Cynthia M. Buck, Executive Director,
(Name) (Title)

of HealthCare Management Services, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was July 23, 2001.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Commonwealth of Virginia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was HealthCare Billing Servies, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is HealthCare Management Services, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Commonwealth of Virginia.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Cynthia M. Buck, of HealthCare Management Services, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 19 day of February, 2004.

Cynthia M. Buck
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 16 PM 3:46

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

HealthCare Management Services, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

13123 Meergate Circle
Orlando, FL 32837

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Medical Practice Management

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Cynthia M. Buck	Graham L. Buck
Executive Director	Managing Director
13123 Meergate Circle	13123 Meergate Circle
Orlando, FL 32837	Orlando, FL 32837

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

Cynthia M. Buck
Executive Director
13123 Meergate Circle
Orlando, FL 32837

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Same

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Cynthia M. Buck
Signature/Registered Agent

2/19/04
Date

Cynthia M. Buck
Signature/Incorporator

2/19/04
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 15 PM 3:46