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

#### Patti Hendrickson's Medical Billing, Inc. SUBJECT: \_ (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

Filing Fee, Certified Copy & Certificate of Status

**2** \$87.50

ADDITIONAL COPY REQUIRED

Patricia Hendrickson FROM: Name (Printed or typed)

3900 Colony Court

Address

Punta Gorda, FL 33950

City, State & Zip

941 575-0055 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

# **ARTICLES OF INCORPORATION**

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In compliance with Chapter 307 and/or Chapter 521, F.S. (Profit)

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## **ARTICLE I - NAME**

The name of the corporation shall be: Patti Hendrickson's Medical Billing, Inc.

#### **ARTICLE II – PRINCIPAL OFFICE**

The principal place of business/mailing address is: 3900 Colony Court Punta Gorda, FL 33950

#### **ARTICLE III – PURPOSE**

The purpose(s) for which this corporation is organized is: To provide the service of medical billing and to engage in any other lawful business for which corporations may be formed under the laws of the State of Florida.

### **ARTICLE IV – SHARES**

The number of shares of stock is: 100 shares

## ARTICLE V – INITIAL OFFICERS/DIRECTORS

The name(s), address(es), and title(s): Patricia Hendrickson, President 3900 Colony Court Punta Gorda, FL 33950

#### **ARTICLE VI – REGISTERED AGENT**

The name and Florida address of the registered agent is: Patricia Hendrickson 3900 Colony Court Punta Gorda, FL 33950

# **ARTICLE VII – INCORPORATOR**

The name and address of the incorporator is: Patricia Hendrickson 3900 Colony Court Punta Gorda, FL 33950 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 appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

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Signature/Incorporator

SECTION STRAT 4-30-0 Date

45 Date