

P04000079356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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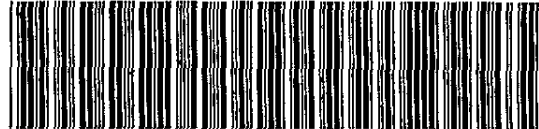
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/14/04--01040--016 **78.75

FILED
05 MAY 14 PM 1:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Coast Medical 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: Susan M. Davis
Name (Printed or typed)

39 Cherokee Trail
Address

Ormond Beach, FL 32174
City, State & Zip

386 - 441 - 9278
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:

05 MAY 14 PM 1:31

The name of the corporation shall be: Coast Medical Billing, Inc. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II:

The principal place of business/mailing address is:
39 Cherokee Trail, Ormond Beach, FL 32174

ARTICLE III:

The purpose for which the corporation is organized is:
Medical Billing Services

ARTICLE IV:

The number of share of stock is: 100 shares of common stock

ARTICLE V:

The following are the Officers:
Susan M. Davis, President
39 Cherokee Trail, Ormond Beach, FL 32174

ARTICLE VI:

The name and street address of the registered agent is:
Susan M. Davis
39 Cherokee Trail, Ormond Beach, FL 32174

ARTICLE VII:

The name and address of the Incorporator is:
Susan M. Davis
39 Cherokee Trail, Ormond Beach, FL 32174

.....
Having been named as registered agent to accept service for 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.

Susan Davis
SUSAN M. DAVIS
Registered Agent

5-11-04
Date

Susan Davis
SUSAN M. DAVIS
Incorporator

5-11-04
Date