

P04000088713

(Requestor's Name)

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PICK-UP WAIT MAIL

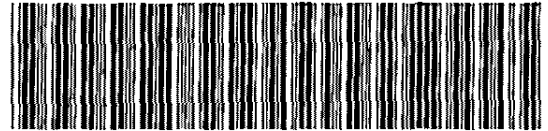
(Business Entity Name)

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06/07/04--01008--017 **78.75

DIVISION OF CORPORATION

04 JUN -7 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN -8 PM 12:16

FILED

36-8

CSC.



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 723223 162199A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 7, 2004

ORDER TIME : 11:50 AM

ORDER NO. : 723223-005

CUSTOMER NO: 162199A

CUSTOMER: Ms. Trudy Shore
Rick M. Morse, Cpa, P.a.

Suite 300
1700 University Drive
Coral Springs, FL 33071

DOMESTIC FILING

NAME: ACCURATE MEDICAL BILLING
SERVICES OF FLORIDA, INC.

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 7, 2004

CSC

SUBJECT: ACCURATE MEDICAL BILLING SERVICES OF FLORIDA, INC.
Ref. Number: W04000021851

We have received your document for ACCURATE MEDICAL BILLING SERVICES OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 804A00038652

**ARTICLES OF INCORPORATION OF
ACCURATE MEDICAL BILLING SOLUTIONS, INC.**

FILED
04 JUN -8 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of this Corporation shall be:

ACCURATE MEDICAL BILLING SOLUTIONS, INC.

ARTICLE II

PURPOSE

This Corporation is organized for the purpose of **MEDICAL BILLING**
and transacting any and all lawful business.

ARTICLE III

CAPITAL STOCK

Corporation is authorized to issue **1000** shares of \$ 1 par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office of this Corporation is:

**2519 W. LAUREEN STREET
LECANTO, FL 34461**

and the name of the initial registered agent of this Corporation
at the above address is:

MARLENE O'BRIEN

ARTICLE V

DIRECTORS

This Corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial director of this Corporation is:

**MARLENE O'BRIEN
2519 W. LAUREEN STREET
LECANTO, FL 34461**

ARTICLE VI

INCORPORATOR

The name and address of the person signing these Articles of Incorporation is:

**MARLENE O'BRIEN
2519 W. LAUREEN STREET
LECANTO, FL 34461**

ARTICLE VII

INDEMNIFICATION

The Corporation shall indemnify any office or director or former director to the full extent permitted by law.

ARTICLE IX

AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned subscriber has executed these Articles of Incorporation on this 10th day of May, 2004.

Marlene O'Brien

State of Florida
County of Broward

I hereby certify that on this 10th day of May, 2004, **MARLENE O'BRIEN** appeared before me, the undersigned authority, to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same, freely and voluntarily for the purpose therein expressed.



Rick M. Morse
Commission # CC 971338
Expires Nov. 2, 2004
Bonds From
Atlantic Bonding Co., Inc.

Rick M. Morse
Notary Public

Seal:

CERTIFICATE DESIGNATION
PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

FILED
04 JUN -8 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In compliance with Section 48.091, Florida Statutes, the following is submitted;

ACCURATE MEDICAL BILLING SOLUTIONS, INC.

desiring to organize or qualify under the laws of the State of Florida,

with its principal place of business in the city of Lecanto

has named **MARLENE O'BRIEN**

located at **2519 W. LAUREEN STREET, LECANTO, FL 34461**

as its agent to accept service of process within Florida.

Corporate officer *Marlene O'Brien*

Title Director

Date 5/10/04

Having been named to accept service of process for the above stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Registered Agent *Marlene O'Brien*

Date 5/10/04