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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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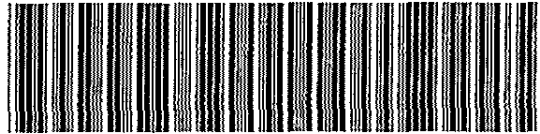
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 14 AM 10:21
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: E-Billing Solutions of Florida, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Amy Beth Gomez
Name (Printed or typed)

2100 Park Forest Blvd.
Address

Mount Dora, Florida 32757
City, State & Zip

352-383-6390
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 10, 2004

AMY BETH GOMEZ
2100 PARK FOREST BLVD
MOUNT DORA, FL 32757

SUBJECT: E-BILLING SOLUTIONS OF FLORIDA, INC.
Ref. Number: W04000022490

We have received your document for E-BILLING SOLUTIONS OF FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 804A00039433

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

E-Billing Solutions of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2100 Park Forest Blvd.
Mount Dora, Florida 32757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Electronic medical billing services

ARTICLE IV SHARES

The number of shares of stock is:

/ shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Amy Beth Gomez, CEO
2100 Park Forest Blvd., Mount Dora, Florida 32757

Michael Gomez, CFO
2100 Park Forest Blvd., Mount Dora, Florida 32757

ARTICLE VI REGISTERED AGENT

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

Amy Beth Gomez
2100 Park Forest Blvd., Mount Dora, Florida 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amy Beth Gomez
2100 Park Forest Blvd., Mount Dora, Florida 32757

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

Amy B. Gomez
Signature/Registered Agent

6.1.04
Date

Amy B. Gomez
Signature/Incorporator

6.1.04
Date

FILED
04 JUN 14 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA