

P04000104895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

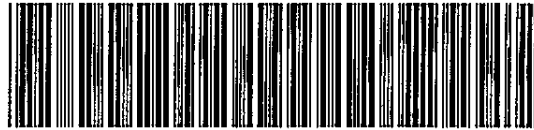
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300038368863

07/09/04--01017--003 \*\*78.75

FILED  
04 JUL -9 AM 11:19

✓

OK 7/15

## TRANSMITTAL LETTER

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

SUBJECT: SECURE 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: SECURE MEDICAL BILLING, Inc.

Name (Printed or typed)

424 Campus Street

Address

Celebration, Florida 34747

City, State & Zip

407-973-8600

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)

### ARTICLE I NAME

The name of the corporation shall be:

SECURE MEDICAL BILLING, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

424 Campus Street  
Celebration, Florida 34747

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Bill and perform services neccessary to bill for Medical related business and Professionals. Offer coding services for business and professionals. Billing and information services for business, professionals, and individuals. Consulting services for business, professionals and individuals.

### ARTICLE IV SHARES

The number of shares of stock is:

100 shares (one Hundred shares)

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John Joseph Laga Jr.  
424 Campus Street  
Celebration, Florida 34747  
President

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

John Joseph Laga Jr.  
424 Campus Street  
Celebration, Florida 34747

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Joseph Laga Jr.  
424 Campus Street  
Celebration, Florida 34747

\*\*\*\*\*  
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

Signature/Registered Agent

JOHN JOSEPH LAGA JR

Signature/Incorporator

JOHN JOSEPH LAGA JR

7/7/2004

Date

7/7/2004

Date

FILED  
04 JUL -9 AM 11:19