

P04000134578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

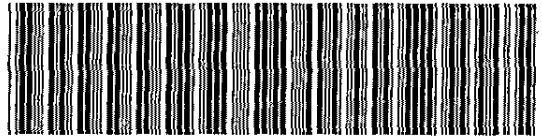
(Business Entity Name)

(Document Number)

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

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SEP 27 2004  
DIVISION OF REVENUE

## TRANSMITTAL LETTER

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

SUBJECT: ADVANCED MEDICAL BILLING, CORP.  
(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: Eunice Calzadilla  
Name (Printed or typed)

2680 W 76 St # 101

Address

Hialeah, FL 33016

City, State & Zip

(305) 362-5639

Daytime Telephone number

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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:

Advanced Medical Billing, Corp.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7945 N.W 8th ST # 3  
Miami, FI 33126

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform billing services for Doctor's and Insurance Companies.

### ARTICLE IV SHARES

The number of shares of stock is:

2

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Eunice Calzadilla.  
2680 W 76 St # 101  
Hialeah, FI 33016  
Rafael A. Cepeda.  
7945 N.W. 8th St # 3  
Miami, FI 33126

### ARTICLE VI REGISTERED AGENT

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

Eunice Calzadilla  
2680 W 76 St # 101  
Hialeah, FI 33016

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eunice Calzadilla  
2680 W 76 St # 101  
Hialeah, FI 33016

\*\*\*\*\*

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

Eunice Calzadilla  
Signature/Registered Agent

9/23/04  
Date

Eunice Calzadilla  
Signature/Incorporator

9/23/04  
Date

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SECRETARY OF STATE  
DIVISION OF CORPORATE  
REGISTRATION