

PO4000149970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

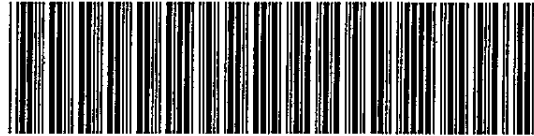
(Document Number)

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

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2228-4012  
1004-38687



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2004 NOV -2 AM 10:23  
TALLAHASSEE FLORIDA

11/3/04

TRANSMITTAL LETTER

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

2004 NOV -2 AM 10: 23

STATE  
TALLAHASSEE FLORIDA

SUBJECT: Advanced Transcriptions & 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: Maritza McAllister  
Name (Printed or typed)  
4964 SW 135<sup>th</sup> Terr.  
Address  
Miramar, FL 33027  
City, State & Zip  
(305) 829-0464  
Daytime Telephone number

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



RECEIVED

FLORIDA DEPARTMENT OF STATE 04 NOV -2 PM 3:30

Glenda E. Hood  
Secretary of State

October 21, 2004

MARITZA MCALLISTER  
4964 SW 135TH TERRACE  
MIRAMAR, FL 33027

SUBJECT: ADVANCED TRANSCRIPTIONS & BILLING, INC.  
Ref. Number: W04000038687

We have received your document for ADVANCED TRANSCRIPTIONS & BILLING, 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):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6973.

Claretha Golden  
Document Specialist  
New Filings Section

Letter Number: 204A00060539

2004 NOV -2 AM 10:23  
TALLAHASSEE FLORIDA  
DEPT OF STATE

# 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 Transcriptions & Billing, Inc.

2004 NOV -2 AM 10:24

STATE OF FLORIDA  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4964 SW 135 Terrace

MIAMI, FL. 33027

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing & Transcriptions

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARTHA MC ALLISTON, President & Treasurer 50%  
4964 SW 135 Terrace, MIAMI, FL 33027

MARTA MARTINEZ, Vice President & Secretary 50%  
4964 SW 135 Terrace, MIAMI, FL 33027

## ARTICLE VI REGISTERED AGENT

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

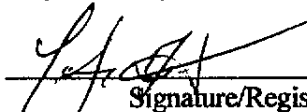
MARTHA MC ALLISTON  
4964 SW 135 Terrace  
MIAMI, FL 33027

## ARTICLE VII INCORPORATOR

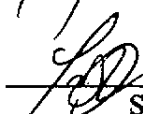
The name and address of the Incorporator is:

MARTHA MC ALLISTON  
4964 SW 135 Terrace  
MIAMI, FL 33027

\*\*\*\*\*  
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

 President & Registered Agent  
Signature/Registered Agent

10/16/04  
Date

 President & Registered Agent / Incorporator  
Signature/Incorporator

10/16/04  
Date