

PO4000 159275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

10/29/04--01013--016 *97.50

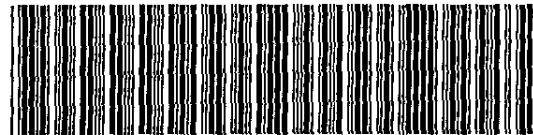
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 30 2004 2:10 PM
WCA-40141

BC 11/3/04
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 2, 2004

BLAIR H CHAN
3839 W KENNEDY BLVD
TAMPA, FL 33609

SUBJECT: ADVANCED SERVICES AND SOLUTIONS, INC.
Ref. Number: W04000040144

We have received your document for ADVANCED SERVICES AND SOLUTIONS, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 804A00062839

TRANSMITTAL LETTER

RECEIVED
FLORIDA DIVISION OF CORPORATIONS
TALLAHASSEE

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

SUBJECT: OFFICE SOLUTIONS AND SERVICES, 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

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: BLAIR H. CHAN
Name (Printed or typed)

3839 W. KENNEDY BLVD.
Address

TAMPA, FLORIDA 33609
City, State & Zip

813/870-3839
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)

FILED
TALLAHASSEE, FLORIDA

04 NOV 23 PM 2:10

ARTICLE I NAME

The name of the corporation shall be:

OFFICE SOLUTIONS AND SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5335 SOUTHWICK DRIVE, TAMPA, FLORIDA 33624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL BILLING AND CODING, AS WELL AS ANY OTHER LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

YENI ORTA, 5335 SOUTHWICK DRIVE, TAMPA, FLORIDA 33624 (PRESIDENT)

MARIA P. ABAD, 5335 SOUTHWICK DRIVE, TAMPA, FLORIDA 33624 (VICE PRESIDENT)

ARTICLE VI REGISTERED AGENT

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

YENI ORTA, 5335 SOUTHWICK DRIVE, TAMPA, FLORIDA 33624

ARTICLE VII INCORPORATOR

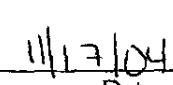
The name and address of the Incorporator is:

YENI ORTA, 5335 SOUTHWICK DRIVE, TAMPA, FLORIDA 33624

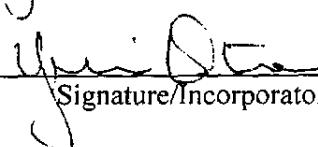
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



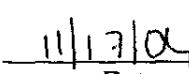
Signature/Registered Agent



Date



Signature/Incorporator



Date