

P04000164943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

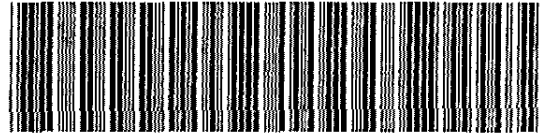
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/04--01032--013 **78.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 DEC -6 PM 3:03

11/12/08

TRANSMITTAL LETTER

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

SUBJECT: CGT CORPORATION
(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

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

FROM: CGT CORPORATION
Name (Printed or typed)

1971 RADCLIFFE DR N
Address

CLEARWATER FL 33763
City, State & Zip

727-469-8609
Daytime Telephone number

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 DEC -6 PM 3: 03

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:

CGT CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1971 RADCLIFFE DR N
CLEARWATER FL 33763

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL BILLING

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100) SHARES OF COMMON STOCK, EACH SHARE HAVING A PAR VALUE OF ONE DOLLAR (\$1.00)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

THE DIRECTOR OF THE CORPORATION SHALL BE : TARA MORRISON WHOSE ADDRESS SHALL BE THE SAME AS THE PRINCIPAL OFFICE OF THE CORPORATION.

ARTICLE VI REGISTERED AGENT

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


TARA L SCHUSTER
1971 RADCLIFFE DR N
CLEARWATER FL 33763

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TARALSCHUSTER
1971 RADCLIFFE DR N
CLEARWATER FL 33763

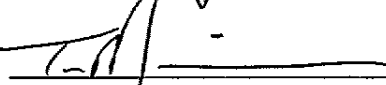
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12-1-04

Date



Signature/Incorporator

12-1-04

Date



ROSEMARY PAPE
MY COMMISSION # DD 371645
EXPIRES: March 14, 2009
Bonded Through Budget Notary Service