

P04000172581

(Requestor's Name)

Shavonta S. Louis
2191 SW 129th Ave
Miramar, FL 33027

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

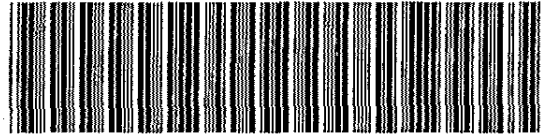
(Business Entity Name)

(Document Number)

Certified Copies _____, Certificates of Status _____

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12/28/04--01017--004 **122.50

FILED

04 DEC 28 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

DATE 12.12.04

SECRETARY OF STATE
CORPORATION DIVISION
THE CAPITOL
TALLAHASSEE, FLORIDA 32301

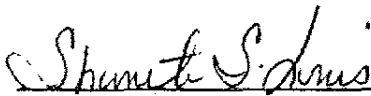
Re: Articles of Incorporation

Dear sirs:

Enclosed you will find my check in the amount of \$122.50 which pays for filing fee, resident agent fee, and certified copy of the Articles of Incorporation included herein.

Thank you for your consideration in this matter, and if you have any questions, please contact me immediately.

Sincerely,


Shavonta S. Louis
Director

**ARTICLES OF INCORPORATION
OF
PRECISION DIRECT MEDICAL BILLING**

FILED
04 DEC 28 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of this Corporation shall be:

PRECISION DIRECT MEDICAL BILLING, INC.

ARTICLE II

PURPOSE

This corporation is organized for the purpose of billing medical insurance claims for physicians. The corporation shall bill and collect money.

ARTICLE III

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and registered office of this corporation is:

2191 SW 129th Avenue, Miramar, Florida 33027

and the name of the registered agent of this corporation at the above address is:

Shavonta S. Louis

ARTICLE IV

DIRECTORS

This corporation shall have two Directors initially. The number of Directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name and address of the initial.

Directors of this corporation are:

**Shavonta S. Louis
2191 SW 129th Avenue
Miramar, Florida 33027**

Terry L. Louis
2191 SW 129th Avenue
Miramar, FL 33027

ARTICLE V

INCORPORATORS

The name and address of the person signing these Articles is:

Shavonta S. Louis
2191 SW 129th Avenue
Miramar, Florida 33027

ARTICLE VI

POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE VII

INDEMNIFICATION

This corporation shall indemnify any officer or director or former officer to the full extent permitted by law.

ARTICLE IX

AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

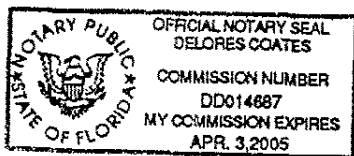
IN WITNESS **WHEREOF**, the undersigned subscriber has executed these Articles of Incorporation on this 10th Day of **December, 2004**.

Shavonta S. Louis

Shavonta S. Louis

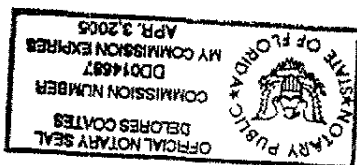
**STATE OF FLORIDA
COUNTY OF BROWARD**

I HEREBY CERTIFY that on this 10th Day of **December, 2004**, personally appeared before me, the undersigned authority, **Shavonta S. Louis** to me well known and known to me to the individuals described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.



Delores Coates
NOTARY PUBLIC

My Commission Expires:



DECEMBER 10TH 2004

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

PRECISION DIRECT MEDICAL BILLING, INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT **2191 SW 129th Avenue, Miramar, Florida 33027, COUNTY FO BROWARD, STATE OF FLORIDA.** AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

Shanante S. Lewis
(CORPORATE OFFICER)

TITLE

Director

DATE

Dec. 12, 2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

Shanante S. Lewis