

P05000121283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

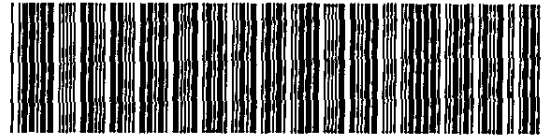
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05 OCT - 1 AM 2011
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Allstate Medical Management, 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: H. Elena Emegbagha

Name (Printed or typed)

7000 Boca Ciega Drive

Address

St. Petersburg Beach, Florida 33706

City, State & Zip

954-579-1341

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)

ARTICLE I NAME

The name of the corporation shall be:

Allstate Medical Management, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7000 Boca Ciega Drive
St. Petersburg, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Medical billing and collections to healthcare providers

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):

H. Elena Emegbagha President
7000 Boca Ciega Dr.
St. petersburg, FL 33706

ARTICLE VI REGISTERED AGENT

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

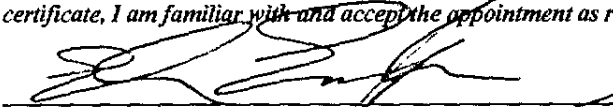
H. Elena Emegbagha
7000 Boca Ciega Drive
St. Petersburg, FL 33706

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

H. Elena Emegbagha
7000 Boca Ciega Drive
St. Petersburg, FL 33706


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

8/24/05

Date



Signature/Incorporator

8/24/05

Date

RECEIVED
SECRETARY OF STATE
TALLAHASSEE FLORIDA
AUG 24 2005