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FILED
05 OCT -6 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C-2.10-7

SEPTEMBER 13, 2005

← *previously sent but
never received by Div. of Corps.*

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

*Re-submitted
10/03/05*

RE: **HEALTHCARE BILLING MANAGEMENT, INC.**

GENTLEMEN:

ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION TOGETHER WITH
A COPY OF SAID ARTICLES FOR **HEALTHCARE BILLING MANAGEMENT, INC.**

OUR CHECK IN THE AMOUNT OF \$70.00 INCLUDES THE FOLLOWING:

FILING FEE	
CHARTER TAX	
REGISTERED AGENT	TOTAL: \$ 70.00

RESPECTFULLY SUBMITTED,



SIGNER'S NAME:	LYNETTE NELOMS
ADDRESS:	8512 LONG ACRE DRIVE MIRAMAR, FL 33025

DAYTIME PHONE:	305-336-5962
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05 OCT -6 PM 1:39
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
HEALTHCARE BILLING MANAGEMENT, INC.

ARTICLE I NAME

The name of the corporation shall be **HEALTHCARE BILLING MANAGEMENT, INC.**

ARTICLE II PURPOSE

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III CAPITAL STOCK

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is TEN THOUSAND (10,000) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE IV DURATION

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE V INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

LYNETTE NELOMS
8512 LONG ACRE DRIVE
MIRAMAR, FL 33025

ARTICLE VI INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

LYNETTE NELOMS
8512 LONG ACRE DRIVE
MIRAMAR, FL 33025

ARTICLE VII PRINCIPAL OFFICE

The initial street address of the principal office of the corporation shall be:

8512 LONG ACRE DRIVE
MIRAMAR, FL 33025

ARTICLE VIII DIRECTORS

The number of Directors of this corporation shall be at least one (1) and no more than ten (10).

The name and street address of the member of the first Board of Directors of this Corporation is as follows:

LYNETTE NELOMS
8512 LONG ACRE DRIVE
MIRAMAR, FL 33025

ARTICLE IX SUBSCRIBER

The name and address of the person signing these Articles of Incorporation as subscriber is as follows:

LYNETTE NELOMS
8512 LONG ACRE DRIVE
MIRAMAR, FL 33025

IN WITNESS WHEREOF, the undersigned, LYNETTE NELOMS, competent to contract, has hereunto set her hand and seal this 3 day of October, 2005.

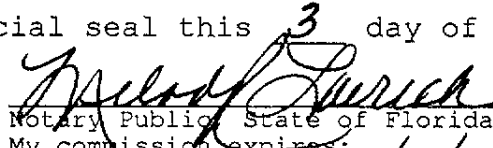

LYNETTE NELOMS

STATE OF FLORIDA
COUNTY OF BROWARD

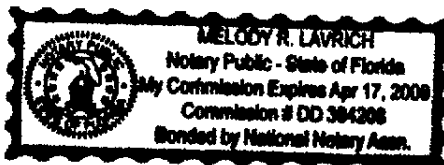
BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared LYNETTE NELOMS, known to me to be the individual described in and who executed the foregoing Articles of Incorporation, who acknowledged before me that she executed the same freely and voluntarily for the purpose therein expressed.

(Check ☐ She is personally known to me.
One) ☒ She provided the following type of identification:
FL DRIVER LIC

WITNESS my hand and official seal this 3 day of October, 2005.


Notary Public, State of Florida
My commission expires: 4/17/09

Notary Seal:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS
MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:

FIRST THAT **HEALTHCARE BILLING MANAGEMENT, INC.**
WITH ITS PLACE OF BUSINESS AT **8512 LONG ACRE DRIVE**
MIRAMAR, FL 33025

FILED
05 OCT -6 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAS NAMED **LYNETTE NELOMS**

LOCATED AT **8512 LONG ACRE DRIVE**
MIRAMAR, FL 33025

AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE


(Corporate Officer)

TITLE

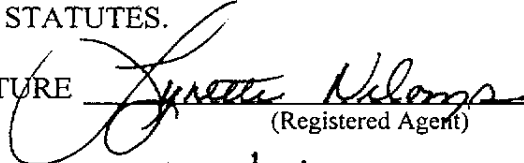
PRESIDENT

DATE

10/3/05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE
TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF
SECTION 607.325 FLORIDA STATUTES.

SIGNATURE


(Registered Agent)

DATE

10/3/05

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314