

P06000066854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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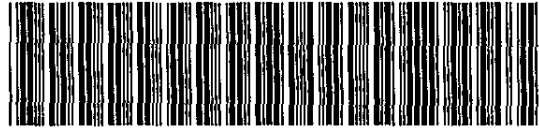
(Business Entity Name)

(Document Number)

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04/21/06--01007--025 **87.50

FILED
06 MAY 12 PM 2:55
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ALABAMA: FLORIDA

CB 5-12-06

106-18881

COVER LETTER

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

SUBJECT: Professional Medical Billing and Consultation
(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: Gwendolyn Millares and Maria Orozco
Name (Printed or typed)

358 South Indiana Avenue
Address

Englewood, Florida 34223
City, State & Zip

941-681-3441
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2006

GWENDOLYN MILLARES
358 S INDIANA AVE
ENGLEWOOD, FL 34223

SUBJECT: PROFESSIONAL MEDICAL BILLING AND CONSULTATION
SERVICES
Ref. Number: W06000018881

We have received your document for PROFESSIONAL MEDICAL BILLING AND CONSULTATION SERVICES 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

The registered agent must sign accepting the designation.

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) 245-6925.

Cynthia Bialock
Document Specialist
New Filing Section

Letter Number: 606A00027416

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:

Professional Medical Billing and Consultant Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

358 South Indiana Avenue, Englewood, Florida 34223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

medical billing and office consultation

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):

Gwendolyn Millares - Officer
358 South Indian Avenue
Englewood, Florida 34223

Maria Orozco - Officer
358 South Indian Avenue
Englewood, Florida 34223

ARTICLE VI REGISTERED AGENT

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

Avelino Millares
721 Buckshin Ct.
Englewood, Florida 34223

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gwendolyn Millares and Maria Orozco
358 South Indiana Avenue
Englewood, Florida 34223

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

4/17/06

Date

Signature/Incorporator

4/17/06

Date

Maria Orozco

FILED
06 MAY 12 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA