

PO6000127705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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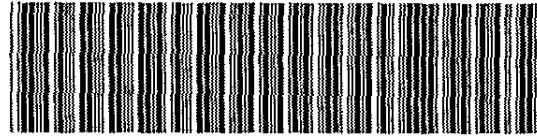
(Business Entity Name)

(Document Number)

Certified Copies _____ - Certificates of Status _____

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COVER LETTER

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

SUBJECT: Advanced-Med Billing Service, 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: Mirko Simpson
Name (Printed or typed)

1977 Mears Pkwy.
Address

Margate, FL 33053
City, State & Zip

954-240-5245
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:

Advanced-Med Billing Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1977 Mears Pkwy.
Margate, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing Service
Process Medical Claims

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):

Miho Simpson - President
Terrence Simpson - Treasurer

ARTICLE VI REGISTERED AGENT

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

Miho Simpson
1977 Mears Pkwy.
Margate, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Miho Simpson
1977 Mears Pkwy.
Margate, FL 33063

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-28-06

9-28-06