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(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Mirna Simpson
Name (Printed or typed)

1977 Mears Pkwy.
Address

Margate, FL 33063
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/mailing 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

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TALLAHASSEE FLORIDA

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

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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 — 9-28-06 Date

Signature/Incorporator — 9-28-06 Date