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(Requestor's Name)

(Address)

(Address)

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## COVER LETTER

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

SUBJECT: MD Billing Partners, 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: Yanet Martinez

Name (Printed or typed)

15680 SW 82 CIRCLE LN, #811

Address

MIAMI, FL 33193

City, State & Zip

(305) 781-8880

Daytime Telephone number

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

STATE  
TALLAHASSEE  
FLORIDA  
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# 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:

MD, Billing Partners, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 668345  
MIAMI, FL 33166

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Coding and Billing

## 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):

Osaiddy Haro, President  
9748 NW 127 TER  
Hialeah, FL 33018

Yanet Martinez, Vice President  
15680 SW 82 Circle Ln, #811  
Miami, FL 33193

## ARTICLE VI REGISTERED AGENT

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

Yanet Martinez  
15680 SW 82 Circle Ln, #811  
Miami, FL 33193

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Yanet Martinez  
15680 SW 82 Circle Ln, #811  
Miami, FL 33193

\*\*\*\*\*

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

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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