

P07001053700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

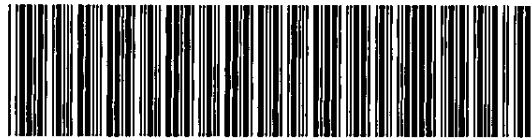
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 MAY -4 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 04 2007

## COVER LETTER

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

SUBJECT: Aspen Medical Billing, 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: Douglas Gianac  
Name (Printed or typed)

1446 Lakemist Lane  
Address

Clermont, FL 34711  
City, State & Zip

(954) 415-6940  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Aspen Medical Billing, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1446 Lakemist Lane  
Clermont, FL 34711

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Medical Billing Services

## 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):

Douglas Gignac  
1446 Lakemist Lane President  
Clermont, FL 34711

Sheryl Gignac  
1446 Lakemist Lane Vice - Pres  
Clermont, FL 34711

## ARTICLE VI REGISTERED AGENT

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

Douglas Gignac  
1446 Lakemist Lane  
Clermont, FL 34711

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Douglas Gignac  
1446 Lakemist Lane  
Clermont, FL 34711

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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

*Douglas Gignac*

Signature/Registered Agent

*Douglas Gignac*

Signature/Incorporator

5/1/07

Date

5/1/07

Date