

PO7000091342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

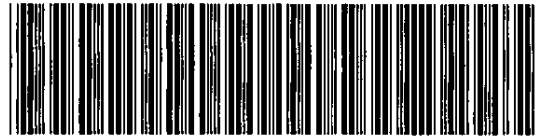
(Business Entity Name)

(Document Number)

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

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07/30/07--01030--005 \*\*78.75

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07 AUG 15 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature

Handwritten text: 28830, 104-21711

**COVER LETTER**

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

SUBJECT: ADVANCED MEDICAL BILLING CORP.  
(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: MARIA A. PAZ  
Name (Printed or typed)

730 West 75th St.  
Address

HIALEAH, FL 33014  
City, State & Zip

305-710-2365 or 305-823-9005  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2007

MARIA A. PAZ  
730 WEST 75TH ST  
HIALEAH, FL 33014

SUBJECT: ADVANCE MEDICAL BILLING SPECIALIST CORP.  
Ref. Number: W07000038830

We have received your document for ADVANCE MEDICAL BILLING SPECIALIST CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the corrected 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) 245-6962.

Valerie Herring  
Document Specialist  
New Filing Section

Letter Number: 107A00048954

FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

07 AUG 15 PM 5:00

**ARTICLE I NAME**

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Advance Medical Billing Specialist Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

730 West 75<sup>th</sup> Street Hialeah, Fl. 33014**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Billing And Collections

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Maria A Paz (President) 730 West 75<sup>th</sup> St. Hialeah, Fl. 33014Ruben D Paz (Vice President) 730 West 75<sup>th</sup> St. Hialeah, Fl. 33014**ARTICLE VI REGISTERED AGENT**

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

Maria A Paz  
730 West 75<sup>th</sup> Street  
Hialeah, Fl. 33014**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Maria A Paz  
730 West 75<sup>th</sup> Street  
Hialeah, Fl. 33014

\*\*\*\*\*  
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

MARIA A PAZ

Date

8/15/07

Signature/Incorporator

MARIA A PAZ

Date

8/15/07