

P07000/05284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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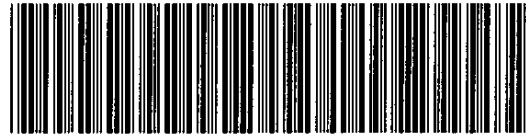
(Business Entity Name)

(Document Number)

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

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07 SEP 20 PM 4: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: FIRST CHOICE 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: FIRST CHOICE MEDICAL BILLING INC.  
Name (Printed or typed)

11379 LITTLE BEAR DRIVE  
Address

BOCA RATON, FL 33428  
City, State & Zip

(561) 470-7112  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

FIRST CHOICE MEDICAL BILLING INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11379 LITTLE BEAR DRIVE  
BOCA RATON, FL 33428

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL BILLING

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

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

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

ARLENE HALL, PRESIDENT  
11379 LITTLE BEAR DRIVE  
BOCA RATON, FL 33428

**ARTICLE VI REGISTERED AGENT**

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

ARLENE HALL  
11379 LITTLE BEAR DRIVE  
BOCA RATON, FL 33428


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ARLENE HALL  
11379 LITTLE BEAR DRIVE  
BOCA RATON, FL 33428

\*\*\*\*\*

*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

09/18/07

Date



Signature/Incorporator

09/18/07

Date