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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(C)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
<u> </u>		
Special Instructions to Filing Officer:		



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FILED

07 NOV 26 AM 10: 55

SECRETARY OF STATE
TALL AHASSEE, FLORIDA

Office Use Only

EP 11/27/07

COVER LETTER

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

SUBJECT: DIAMOND 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

87.50پر

Filing Fee

Filing Fee.

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: COCHEL TOED

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6805 Robins Wood LN

Tampa, F1 33634 City, State & Zip

813-901-53 (19)
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Diamond Medical Billing, Incorporated NOV 26 AM 10:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6805 Robins wood LN Tampa, Fl. 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

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):

ARTICLE VI	REGISTERED AGENT	FILED	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:			
		SECRET NUV 26 AM 10: 55	
6805 Rob	ainswood (N	TALLARY OF STATE	
000	Tampa, Fl. 33634	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ARTICLE VII	INCORPORATOR		
The <u>name and add</u>	<u>Iress</u> of the Incorporator is:		
RacHEL 6805 Robin	TOPO nswood in Tampa, 171.33434	•	
*****	************	*********	
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			
(Dachle	J010	11/9/07	
Signatur (rg/Registered Agent	Date	
Sachel	010	11/9/07	
Signatur	re/Incorporator	Date	

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