

Po8000058281

Rebecca Skeba-Mancini

(Requestor's Name)

6358 Walk Cir.

(Address)

Boca Raton, FL 33433

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

Florida Billing, Inc.

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2008 JUN 13 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

CG 6-16

## COVER LETTER

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

Florida Billing, Inc.

SUBJECT: Florida Medical Billing Services, 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: \_\_\_\_\_

Rebecca Skeba-Mancini

Name (Printed or typed)

6358 Walk Cir.

Address

Boca Raton, FL 33433

City, State & Zip

954-871-7545

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2008

REBECCA SKEBA-MANCINI  
6358 WALK CIR  
BOCA RATON, FL 33433

SUBJECT: FLORIDA MEDICAL BILLING SERVICES INC.  
Ref. Number: W08000026144

We have received your document for FLORIDA MEDICAL BILLING SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
New Filing Section

Letter Number: 808A00033487

# ARTICLES OF INCORPORATION

FILED

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

2008 JUN 13 PM 1:47

## ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Billing, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6358 Walk Cir.  
Boca Raton, FL 33433

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Care Medical Billing

## ARTICLE IV SHARES

The number of shares of stock is: 5000 (five thousand) shares of common stock with no-par value

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rebecca Skeba, President  
6358 Walk Cir. Boca Raton, FL 33433

## ARTICLE VI REGISTERED AGENT

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

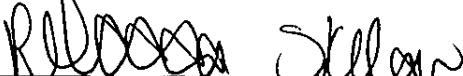
Rebecca Skeba  
6358 Walk Cir.  
Boca Raton, FL 33433

## ARTICLE VII INCORPORATOR

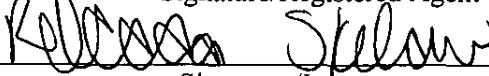
The name and address of the incorporator is:

Rebecca Skeba  
6358 Walk Cir.  
Boca Raton, FL 33433

\*\*\*\*\*  
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



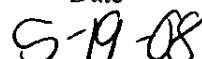
Signature/Registered Agent



Signature/Incorporator



Date



Date