

**P988880107580**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**800137840558**

11/17/08--01045--007 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 DEC -4 P 1:29

**FILED**

*Handwritten:*  
80-11-08  
12-11-08  
10-52323  
10C



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2008

ONE STEP ABOVE MEDICAL BILLING, INC.  
P. O. BOX 3207  
DAVENPORT, FL 33836

SUBJECT: ONE STEP ABOVE MEDICAL BILLING, INC.  
Ref. Number: W08000052325

We have received your document for ONE STEP ABOVE MEDICAL BILLING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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) 245-6995.

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section

Letter Number: 708A00057599

## COVER LETTER

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

**SUBJECT:** One Step Above 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:** One Step Above Medical Billing, Inc.

Name (Printed or typed)

P.O. Box 3207

Address

Davenport, FL 33836

City, State & Zip

(407) 967-8836

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)

## **ARTICLE I NAME**

The name of the corporation shall be:

One Step Above Medical Billing, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

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

P.O. Box 3207, Davenport, FL 33836 → MAILING ADDRESS  
1134 Westwinds Drive, Davenport, FL 33837 → STREET ADDRESS

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide medical billing services to entities throughout the state.

## **ARTICLE IV SHARES**

The number of shares of stock is:

100 shares @ \$1.00 / share. All shares are owned by Barbara Hamilton

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

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

Barbara Hamilton, President & Owner

1134 Westwinds Drive

Davenport, FL 33837

## **ARTICLE VI REGISTERED AGENT**

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

Barbara Hamilton, 1134 Westwinds Drive, Davenport, FL 33837

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Barbara Hamilton, 1134 Westwinds Drive, Davenport, FL 33837

\*\*\*\*\*  
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

x Barbara A. Hamilton  
Signature/Registered Agent

11/12/2008

Date

x Barbara A. Hamilton  
Signature/Incorporator

11/12/2008

Date

FILED  
2008 DEC -4 P 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA