

P09000028929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

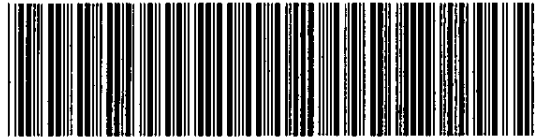
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: The Medical Billing Alternative, 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: Christina Prinz  
Name (Printed or typed)

3611 SW Kasin St  
Address

Port St Lucie FL 34953  
City, State & Zip

772 370-0045  
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:

The Medical Billing Alternative, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

3611 SW Kasin St  
PSL FL 34953

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

medical claims and billing

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Christina Prinz - owner

### **ARTICLE VI REGISTERED AGENT**

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

Christina Prinz  
3611 SW Kasin St.  
PSL FL 34953

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Christina Prinz  
3611 SW Kasin St  
PSL FL 34953

\*\*\*\*\*

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

Christina Prinz  
Signature/Registered Agent

Christina Prinz  
Signature/Incorporator

3-27-09

Date

3-27-09

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA