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> 10 FEB -1, PM 12: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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# **COVER LETTER**

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

# SUBJECT: D & D 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

<b>\$78.75</b>	<b>\$87.5</b> 0
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

I

FROM: Debra Thompson

Name (Printed or typed)

13006 Coastal Circle

Address

Palm Beach Gardens, FL 33410

City, State & Zip

561-630-4821

Daytime Telephone number

danddpm01@aol.com

E-mail address: (to be used for future annual report notification)

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: D+D Medical Billing, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 13006 Coastal Circle Palm Beach Gardens, FL 33410

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: medical billing - consulting

### ARTICLE IV SHARES

The number of shares of stock is: 1000 Common shares

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Debra L. Thompson, President, 13006 Coastal Circle, Alm Beach Gardens, FL 33410 Secretary, Same address Jeffrey A. Thompson,

### ARTICLE VI REGISTERED AGENT

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

Debra L Thompson 13006 Coastal Circle Palm Beach Gardens, FL 33410

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Debra L Thompson 13006 Coastal Circle Palm Beach Gardens, FL 33410

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

Dilra & Shonpson Signature/Registered Agent Delra & Chompson Signature/Incorporator

<u>02-01-2010</u> Date 02-01- 2010 Date



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SECRETARY UP STATE TALLAHASSEE FLORIDA