

P10000059139

(Requestor's Name)

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(City/State/Zip/Phone #)

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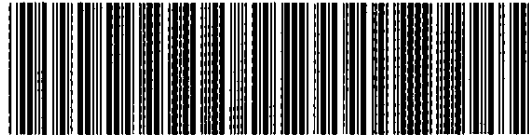
(Business Entity Name)

(Document Number)

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

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2010 JUL 19 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-21-10  
mc

## COVER LETTER

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

**SUBJECT:** ALTERNATIVE SOLUTION MEDICAL BILLING SERVICE, 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: MARIBEL CRUZ

Name (Printed or typed)

8660 COBBLESTONE POINT CIRCLE

Address

BOYNTON BEACH, FLORIDA 33472

City, State & Zip

561-436-4891

Daytime Telephone number

MARYCRUZ@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:

ALTERNATIVE SOLUTION MEDICAL BILLING SERVICE, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

8660 COBBLESTONE POINT CIRCLE  
BOYNTON BEACH, FLORIDA 33472

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL 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):

MARIBEL CRUZ PRESIDENT HECTOR CRUZ VICE  
PRESIDENT

(Hector M Cruz,  
Vice President)

**ARTICLE VI REGISTERED AGENT**

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

MARIBEL CRUZ  
8660 COBBLESTONE POINT CIRCLE  
BOYNTON BEACH, FLORIDA 33472


**ARTICLE VII INCORPORATOR**

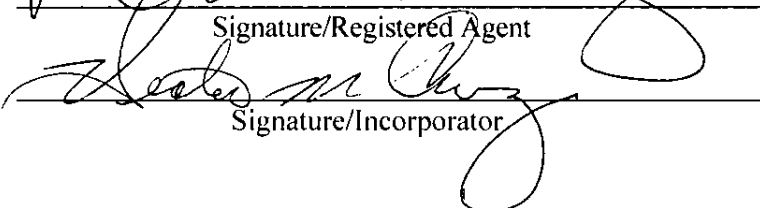
The name and address of the Incorporator is:

ALTERNATIVE SOLUTION MEDICAL BILLING SERVICE, INC.  
8660 COBBLESTONE POINT CIRCLE  
BOYNTON BEACH, FLORIDA 33472

\*\*\*\*\*

*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

07/14/2010  
\_\_\_\_\_  
Date

07/14/2010  
\_\_\_\_\_  
Date

FILED  
2010 JUL 19 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA