

P110000004880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

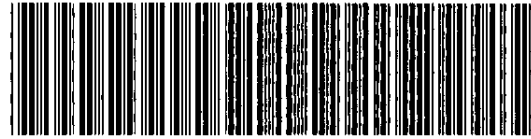
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JAN 12 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
FILED

151

COVER LETTER

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

SUBJECT: GMA Medical Credentialing, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Marlin M. Abbarno
Name (Printed or typed)

1212 S Highland Ave.
Address

Clearwater, FL. 33756
City, State & Zip

727-446-7756 ext. 21
Daytime Telephone number

sissy_abbarno@yahoo.com
E-mail address: (to be used for future annual report notification)

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

AM 11 JAN 12 PM 3:40
FILED

ARTICLES OF INCORPORATION

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

11 JAN 12 PM 3:40

ARTICLE I NAME

The name of the corporation shall be: GMA Medical Credentialing, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
1212 S Highland Ave.
Clearwater, FL 33756

Mailing address, if different is:
1212 S Highland Ave.
Clearwater, FL 33756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Clerical

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marlin M Abbarno - President/Treasurer Name and Title: _____
Address: 1548 Lakeview Rd. Address: _____
Clearwater, FL 33756 _____

Name and Title: Gregory J Abbarno Sr. - Vice President/Secretary Name and Title: _____
Address: 1548 Lakeview Rd. Address: _____
Clearwater, FL 33756 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marlin M Abbarno
Address: 1548 Lakeview Rd.
Clearwater, FL 33756

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlin M Abbarno
Address: 1548 Lakeview Rd.
Clearwater, FL 33756

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

Marlin M Abbarno Required Signature/Registered Agent 1/10/11 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marlin M Abbarno Required Signature/Incorporator 1/10/11 Date