

P12000060257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

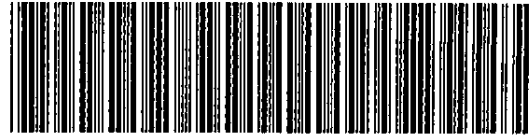
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/09/12--01031--005 **87.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -9 AM 11:53

gf 7/10/12

COVER LETTER

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

SUBJECT: Medical Billing Resource Services, 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: Tara L Morrison

Name (Printed or typed)

1971 Radcliffe Dr N

Address

Clearwater, FL 33763

City, State & Zip

727-418-3671

Daytime Telephone number

cgtmbrs@verizon.net

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

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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: **Medical Billing Resource Services, Inc.**

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1971 Radcliffe Dr N
Clearwater, FL 33763

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical billing and other related services for doctors.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tara L Morrison	Name and Title: _____
Address: 1971 Radcliffe Dr N	Address: _____
_____	_____
_____	_____

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

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:

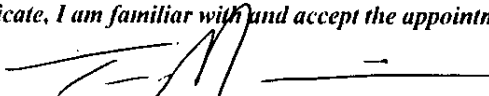
Name: **Tara L Morrison**
Address: **1971 Radcliffe Dr N**
Clearwater, FL 33763

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Tara L Morrison**
Address: **1971 Radcliffe Dr N**
Clearwater, FL 33763

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

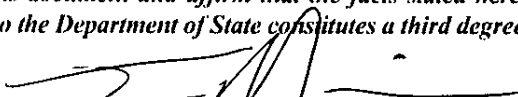


Required Signature/Registered Agent

7/5/12

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.



Required Signature/Incorporator

7/5/12

Date