

Florida Department of State
Division of Corporations
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Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____**FLORIDA PROFIT/NON PROFIT CORPORATION
ADVANCEDMD BILLING SERVICES, INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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ALLAH MOORE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/22/14

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**ARTICLES OF INCORPORATION
OF**

AdvancedMD Billing Services, INC

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:
AdvancedMD Billing Services, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
4265 NE 2 ST
MIAMI FL, 33126

ARTICLE III PURPOSE

The purpose of this corporation shall be:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
LETIZIA SANTOS
4265 NW 2 ST
MIAMI FL, 33126

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ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

LETIZIA SANTOS
4265 NW 2 ST
MIAMI FL, 33126

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

Title: PSTD LETIZIA SANTOS
4265 NW 2 ST MIAMI FL, 33126

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

LETIZIA SANTOS
4265 NW 2 ST.
MIAMI FL 33126

The undersigned has (have) executed these Articles of Incorporation this 20 day of
January, 2014


Incorporator Signature

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TALLAHASSEE, FLORIDA

12/02/2031 08:16

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DR. AMADO VIERA

13:01:12

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION
AS REGISTERED AGENT.**



REGISTERED AGENT SIGNATURE

STATE OF
FLORIDA
TALLAHASSEE

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