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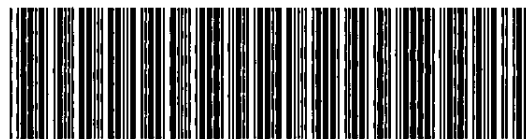
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14 MAR 25 PM 2:26
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: **AdvoMed 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: **D A Norbergs**

Name (Printed or typed)

262 Hermosita Drive

Address

St Pete Beach, FL 33706

City, State & Zip

727-789-2595

Daytime Telephone number

ANBERG4@ me.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: AdvoMed Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

262 Hermosita Drive, St Pete Beach, FL 33706

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Healthcare Consulting and Medical Billing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: D Anda Norbergs, MD, President

Address: 262 Hermosita Drive
St Pete Beach, FL 33706

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATIONS
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(conti.)

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: D Anda Norbergs MD
Address: 262 Hermosita Drive
St Pete Beach, FL 33706

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ~~AdvoMed Inc.~~ D. Anda Norbergs MD
Address: 262 Hermosita Drive
St Pete Beach, FL 33706

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

D. Anda Norbergs MD 2/26/2014
Required Signature/Registered Agent 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.

Advo Med Inc. 2/26/2014
Required Signature/Incorporator Date