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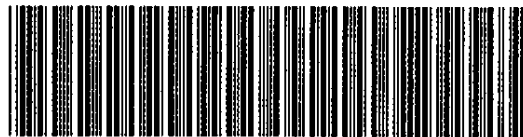
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BIRMINGHAM, AL 35203

## COVER LETTER

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

**SUBJECT: Mid Florida Medical Billing, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

**FROM: Tiffany Anne Goodwin**

Name (Printed or typed)

**1860 Ridgewood Street**

Address

**DeLand, FL 32720**

City, State & Zip

**(386) 956-2514 or (386) 734-2394**

Daytime Telephone number

**tiffany@midfloridamedicalbilling.com**

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2014

TIFFANY ANNE GOODWIN  
1860 RIDGEWOOD STREET  
DELAND, FL 32720

SUBJECT: MID FLORIDA MEDICAL BILLING, INC.  
Ref. Number: W14000028552

RECEIVED  
14 JUN -4 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MID FLORIDA MEDICAL BILLING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 314A00009650

**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: Mid Florida Medical Billing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1860 Ridgewood Street

DeLand, FL 32720

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of Mid Florida Medical Billing, Inc. is to  
submit claims to health insurance companies to ensure that physicians rendering  
services are being paid for performing medical procedures.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tiffany Anne Goodwin / CEO

Name and Title: Lisa D. Goodwin / AP

Address: 1860 Ridgewood St  
DeLand, FL 32720

Address: 1860 Ridgewood St  
DeLand, FL 32720

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

14 JUN - 4 PM 4:43  
DIVISION OF REVENUE  
STATE OF FLORIDA

(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: Tiffany Anne Goodwin  
Address: 1860 Ridgewood St  
DeLand, FL 32720

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tiffany Anne Goodwin  
Address: 1860 Ridgewood St  
DeLand, FL 32720

*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*

Tiffany Anne Goodwin  
Required Signature/Registered Agent

4/24/2014  
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.*

Tiffany Anne Goodwin  
Required Signature/Incorporator

4/24/2014  
Date

14 JUN - 4 PM 4:44

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CORPORATIONS  
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