

P17000011948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

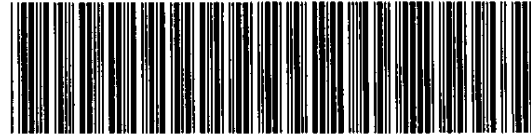
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

17 FEB -7 AM 8:36

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

October 31, 2016

BRENDA LOMBARDO
1931 POLO LAKE DRIVE EAST
WELLINGTON, FL 33414

SUBJECT: QUEST MD BILLING SOLUTIONS, INC
Ref. Number: W16000073580

We have received your document for QUEST MD BILLING SOLUTIONS, INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 416A00023299

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 416A00023299

Attention: Florida Department of State Division of Corporations

I Brenda Lombardo, have no intentions of reinstating corporation Quest MD Billing Solutions. Document number P15000067110

Kindly appreciate the release of the name.

If additional information is necessary, please do not hesitate to contact me.

Brenda Lombardo

561-891-7534

FILED
17 FEB -7 AM 8:36
STATE OF FLORIDA
TALLAHASSEE

Quest MD Billing Solutions

1831 Polo Lake Drive East

Wellington, FL 33414

ATTE: Ms. Sams

Please find attached a check payable to Florida Department of State in the amount of \$70.00.

This check was issued in order to complete my latest application to incorporate my company Quest MD Billing Solutions and to inform that I have no intention on reinstating former cooperation document # 600275793456 for which name shall be release.

Please do not hesitate to contact me if any additional information is needed in order to complete this application.

Appreciate in advanced your attention to this matter.

Brenda Lombardo

561-891-7534

FILED
17 FEB - 7 AM 8:36
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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: QUEST MD BILLING SOLUTIONS Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1831 POLO LAKE DRIVE EAST

WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL BILLING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRENDA LOMBARDO PRES

Name and Title: _____

Address 1831 POLO LAKE DRIVE EAST

Address: _____

WELLINGTON, FL 33414

Name and Title: _____

Name and Title: _____

Address _____

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: BRENDA LOMBARDO

Address: 1831 POLO LAKE DRIVE EAST

WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

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

Name: BRENDA LOMBARDO

Address: 1831 POLO LAKE DRIVE EAST

WELLINGTON, FL 33414

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/25/2016

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

10/25/2016

Date