

Division of Corporations

<https://efile.sunbiz.org/scripts/efilecovr.exe>

P19 000003077

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000238480 3)))



H190002384803ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6391

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: liebcpa@aol.com

2019 AUG 12 AM 8:26

FLORIDA PROFIT/NON PROFIT CORPORATION
P.M. Medical Billing South Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

FILED
19 AUG 12 PM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H19000238480 3

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

P.M Medical Billing Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2435 US HIGHWAY 19, SUITE 200
HOLIDAY, FLORIDA 34691

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL HIRSCH
2435 US HIGHWAY 19, SUITE 200
HOLIDAY, FLORIDA 34691

FILED
19 AUG 12 PM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prepared By:

Bruce B. Hubbard

238 W. Jericho Turnpike
Huntington Sta., NY 11746
1-516-935-3940

H19000238480 3

H19000238480 3

ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

PATRICIA HIRSCH- PRESIDENT/DIRECTOR
2435 US HIGHWAY 19, SUITE 200
HOLIDAY, FLORIDA 34691

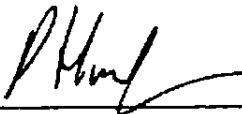
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PATRICIA HIRSCH
2435 US HIGHWAY 19, SUITE 200, HOLIDAY, FLORIDA 34691

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9TH day of AUGUST 20 19



PATRICIA HIRSCH
Signature

H19000238480 3

H19000238480 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: P.M Medical Billing Services Inc.

2. The name and address of the registered agent and office is:

MICHAEL HIRSCH
Name

2435 US HIGHWAY 19, SUITE 200
(P.O. Box or Mail Drop Box NOT Acceptable)

HOLIDAY, FLORIDA 34691
(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



MICHAEL HIRSCH
SIGNATURE

08/09/2019
(Date)

H19000238480 3