

P24000046792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

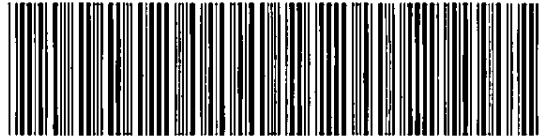
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500432267735

07/11/24--01048--003 **78.75

FILED
2024 JUL 11 PM 1:56
CLERK

MS

ORIGINAL

COVER LETTER

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

SUBJECT: MID-FLA 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
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: DOROTHY M. WIGGINS
Name (Printed or typed)
1889 MYRTLE JO DRIVE
Address
ORMOND BEACH, FL 32174
City, State & Zip
386 676-4419
Daytime Telephone number
~~Filing@outreaches.com~~ MID-FLA MEDICAL BILLING@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILED
2024 JUL 11 PM 1:56
STATE
FL

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-FLA MEDICAL BILLING INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>1889 MYRTLE JO DRIVE</u> <u>ORMOND BEACH, FL 32174</u>	Mailing address, if different is: <u>SAME</u> <u></u>
---	---

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE PROFESSIONAL MEDICAL BILLING
SERVICES FOR HEALTH AND MEDICAL PRACTITIONERS IN THE MID FLORIDA AREA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>DOROTHY M. WIGGINS, PRESIDENT</u> Address: <u>1889 MYRTLE JO DRIVE</u> <u>ORMOND BEACH, FL 32174</u>	Name and Title: <u>JENNINGS B. WIGGINS</u> Address: <u>DIRECTOR</u> <u>ORMOND BEACH, FL 32174</u>
---	---

Name and Title: <u></u> Address: <u></u> <u></u>	Name and Title: <u></u> Address: <u></u> <u></u>
--	--

Name and Title: <u></u> Address: <u></u> <u></u>	Name and Title: <u></u> Address: <u></u> <u></u>
--	--

FILED
2024 JUL 11 AM 1:57
CLERK OF COURT
FLORIDA

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: DOROTHY M. WIGGINS
1889 MYRTLE JO DRIVE
Address: ORMOND BEACH, FL 32174

ARTICLE VII INCORPORATOR

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


Name: DOROTHY M. WIGGINS
Address: 1889 MYRTLE JO DRIVE
ORMOND BEACH, FL 32174

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: JULY 1, 2024 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

 6/25/24
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.

 6/25/24
Required Signature/Incorporator Date

FILED
2024 JUL 11 PM 1:57
STATE
OF FL