

P95 000036345

TRANSMITTAL LETTER

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

ABN MEDICAL BILLING, CORP.

SUBJECT: \_\_\_\_\_  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check  
for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: ANGELA MARTINEZ  
Name (printed or typed)

444 Palm Avenue  
Address

Hialeah, Florida 33010  
City, State & Zip

305-885-5111  
Daytime Telephone number

5/9

RECEIVED  
JUL 11 1995

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

800001477888  
-05/05/95--01076--002  
\*\*\*131.25 \*\*\*131.25

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

# ARTICLES OF INCORPORATION

## ARTICLE I NAME

The name of this corporation is ABN MEDICAL BILLING, CORP., and the mailing address is 444 Palm Avenue, Hialeah, FL 33010.

## ARTICLE II DURATION

This corporation shall have a perpetual existence, unless dissolved according to law.

## ARTICLE III PURPOSE

This corporation is organized for the purpose of transacting any or all business for which corporations may be incorporated under the Florida General Corporation Act.

## ARTICLE IV CAPITAL STOCK

This corporation is authorized to issue five hundred (500) shares of one dollar (1.00) par value common stock, which shall be designated "COMMON SHARES."

## ARTICLE V INITIAL REGISTERED OFFICE & AGENT

The street address of the initial registered office of this corporation is 444 Palm Avenue, Hialeah, FL 33010, and the name of the initial registered agent of this corporation at that address is BRAULIO M. VILA.

FILED  
SECRETARY OF STATE  
CORPORATION  
SECTION 5  
FEB 11

**ARTICLE VI**  
**INITIAL BOARD OF DIRECTORS**

This corporation shall have ( 3 ) (three ) directors initially. The number of directors may be either increased or decreased from time to time by the By-Laws, but shall never be less than one. The names and addresses of the initial directors of this corporation are:

Angela Martinez	Braulio M. Vila	Nora Reino
700 West 76th St.	22205 S.W. 149th Ave.	1301 S. Biscayne Pt. Rd.
Hialeah, FL 33014	Miami Fl. 33170	Miami Beach, FL 33141

**ARTICLE VII**  
**INDEMNIFICATION**

To the full extent permitted by law, the corporation shall indemnify each person made or threatened to be made a to any threatened, pending or completed action, suit, or proceeding, whether civil, criminal, administrative or investigative (including, one in the right of the corporation to procure a judgement in its favor) by reason of the fact that her or his testator or intestate, is or was a director, officer, employee or agent of the corporation or served any other corporation, partnership, joint venture, trust, or other enterprise in any capacity, at the request of the corporation.

**ARTICLE VIII**  
**OFFICERS**

The officers of this corporation shall be as follows:

Angela Martinez	President
Braulio M. Vila	Secretary
Nora Reino	Vice President

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 MAY -5 PM 12:11

ARTICLE IX  
INCORPORATOR(S)

The names and street addresses of the incorporators to these Articles of Incorporation are:

Angela Martinez  
700 West 76th Street  
Hialeah, FL 33014

Braulio M. Vila  
22205 S.W. 149th Avenue  
Miami FL 33170

Nora Reino  
1301 S. Biscayne Point Road  
Miami Beach, FL 33141

The undersigned incorporators have executed these Articles of Incorporation on this  
30<sup>th</sup> day of April, 1995.

Angela Martinez

Braulio M. Vila

Nora Reino

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 HLY-5 PH12-11

STATE OF FLORIDA )  
COUNTY OF DADE )

BEFORE ME, notary public authorized to take acknowledgments in the state and county set forth above personally appeared Angela Martinez, Braulio M. Vila and Nora Reino, known to me and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid this 30<sup>th</sup> day of April, 1995

Angela Martinez

Braulio M. Vila

Nora Reino

FILED  
SECRETARY OF STATE  
OFFICE  
55 WEST - 5 F112-11

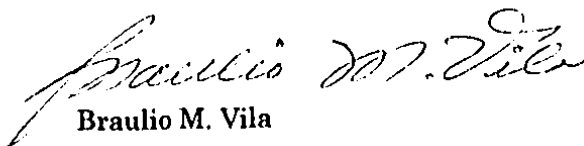
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091 Florida Statute, the following is submitted, in  
compliance with said Act:

First -- That ABN MEDICAL BILLING, CORP., desiring to organize under the laws  
of the State of Florida, with its principal office at 444 Palm Avenue, Hialeah, FL  
33010, has named Braulio M. Vila located at 444 Palm Avenue, Hialeah, FL 33010,  
as its agent to accept service of process of within this state.

Having been named to accept service of process of the above stated corporation, at  
place designated in this certificate, I hereby accept to act in this capacity, and agree  
to comply with the provision of said Act relative to keeping open said office.

BY:

  
Braulio M. Vila

FILED  
SECRETARY OF STATE  
DAVID L. BROWN  
95 MAY -5 PM 12:11

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra W. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000036345 (3)

1. Corporation Name

ABN MEDICAL BILLING, CORP.

APPROVED  
AND  
FILED

1996 SEP -4 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
444 PALM AVE.  
HALEAH FL 33010

Mailing Address

444 PALM AVE.  
HALEAH FL 33010

2. Principal Place of Business

2a. Mailing Address

22. State, Apt. #, etc.

27. State, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

3. Name and Address of Current Registered Agent

VILA, BRAULIO M  
444 PALM AVE.  
HALEAH FL 33010

3. Date Incorporated or Qualified  
05/05/1995

3a. Date of Last Report

4. FET Number  
65-0580127

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fee

8. This corporation has liability for  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name  
Jacqueline D. Piedra

82. Street Address (P.O. Box Number is Not Acceptable)  
10030 NW 44 Terr. #108

83. City  
Miami FL 33178

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

8-28-96

SIGNATURE

Jacqueline D. Piedra

(Signature of Registered Agent required when re-registering)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY-STATE-ZIP

000001946340  
-09/13/96--01003--003  
\*\*\*375.00 \*\*\*375.00

Jacqueline D. Piedra  
10030 N.W. 44 Terr. #108  
MIAMI, FL 33178

REINSTATEMENT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any amendment with an address.

SIGNATURE:

Jacqueline D. Piedra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-96

Date

Daytime Phone #

0000012 CP