

TRANSMITTAL LETTER

P96000014715

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

800001714188  
-02/14/96--01005--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Jupiter Medical Billing, Inc.  
(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: Christine P. Kelley  
Name (printed or typed)  
704 Cayuga Street  
Address  
Jupiter, FL 33458  
City, State & Zip  
(407) 743-3580  
Daytime Telephone number

FILED  
96 FEB 13 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*Paul  
2/16/96*

## ARTICLES OF INCORPORATION

FILED  
96 FEB 13 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

Jupiter Medical Billing, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

704 Cayuga Street, Jupiter, FL 33458

### ARTICLE III SHARES

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

100 shares of common stock at \$1.00 par value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Christine P. Kelley  
704 Cayuga Street  
Jupiter, FL 33458

ARTICLE V OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) of the initial officer(s)/director(s) of the corporation is:

Christine P. Kelley  
704 Cayuga Street  
Jupiter, FL 33458

Kenneth A. Kelley  
704 Cayuga Street  
Jupiter, FL 33458

ARTICLE VI PRESIDENT

The name and street address of the President of the corporation is:

Christine P. Kelley  
704 Cayuga Street  
Jupiter, FL 33458

ARTICLE VII TREASURER

The name and street address of the Treasurer of the corporation is:

Christine P. Kelley  
704 Cayuga Street  
Jupiter, FL 33458

ARTICLE VIII SECRETARY

The name and street address of the Secretary of the corporation is:

Christine P. Kelley  
704 Cayuga Street  
Jupiter, FL 33458

ARTICLE IX FISCAL YEAR

The fiscal year of the corporation is:

The corporation chooses it's fiscal year to be, the calendar year.

ARTICLE X PURPOSE OF THE CORPORATION

The purpose of the corporation is:

To submit or file medical claims by paper or electronicly for Doctor's, Hospital's, and etc..... to all types of Insurance Co;s. including government, and the doing of any other business and contracting work incidental to or connected with such work.

The forgoing purposed and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from engaging in any lawful act or activity for which a corporation may be organized under the General Law of Florida.

ARTICLE XI INCORPORATOR(S)

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

Christine P. Kelley  
704 Cayuga Street  
Jupiter, FL 33458

Kenneth A. Kelley  
704 Cayuga Street  
Jupiter, FL 33458

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

7<sup>th</sup> day of February, 19 96.

Christine P. Kelley, President  
Signature - Christine P. Kelley, President

Kenneth A. Kelley, Vice President  
Signature - Kenneth A. Kelley, Vice-  
President

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this

7<sup>th</sup> day of February, 19 96.

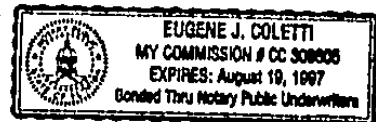
Personally known X or \_\_\_\_\_ produced Identification

Type of I.D. Produced \_\_\_\_\_.

[Signature]  
Signature of Notary Public - State of Florida

EUGENE J. COLETTI

Print, type of stamp commissioned - name of Notary Public



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the corporation is: Jupiter Medical Billing, Inc.

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

Christine P. Kelley  
(NAME)

704 Cayuga Street  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jupiter, FL 33458  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Christine P. Kelley  
(SIGNATURE)

2.7.96  
(DATE)