

P96 0000 39637  
TRANSMITTAL LETTER

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

SUBJECT: C.L.A MEDICAL BILLING AND CONSULTING, 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: IVAN K. CLEMENTS, JR., ESQUIRE  
Name (printed or typed)

223 S. Woodland Boulevard

Address

DeLand, Florida 32720

City, State & Zip

(904) 734-3313

Daytime Telephone number

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

96 MAY - 2 PM 3:55

FILED

800001793258  
-04/24/96--01084--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

W96-9089

AL MAY - 8 1996.

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 29, 1996

IVAN K. CLEMENTS, JR., ESQ.  
223 S. WOODLAND BLVD.  
DELAND, FL 32720

SUBJECT: C.L.A. MEDICAL BILLING AND CONSULTING, INC.  
Ref. Number: W96000009089

We have received your document for C.L.A. MEDICAL BILLING AND CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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 (904) 487-6928.

Agnes Lunt  
Corporate Specialist

Letter Number: 596A00020285

**ARTICLES OF INCORPORATION**

**OF**

**C.L.A. MEDICAL BILLING AND CONSULTING, INC.**

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**

The name of the corporation shall be: C.L.A. MEDICAL BILLING AND CONSULTING, INC.

**Article II**

The principal place of business and mailing address of this corporation shall be: 1934 E. Cooper Drive, Deltona, Florida 32725.

**Article III**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**Article IV**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares.

**Article V**

The name and address of the initial registered agent is:

CATHERINE VON MOOS  
1934 E. Cooper Drive  
Deltona, Florida 32725

FILED

96 MAY -2 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article VI

This corporation is to exist perpetually.

Article VII

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

CATHERINE VON MOOS                      1934 E. Cooper Drive  
Deltona, Florida 32725

AUGUST VON MOOS                      1934 E. Cooper Drive  
Deltona, Florida 32725

The undersigned Incorporator(s) have executed these Articles of Incorporation this 19th day of April, 1996.

  
\_\_\_\_\_  
CATHERINE VON MOOS

  
\_\_\_\_\_  
AUGUST VON MOOS

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

**FILED**

**98 MAY -2 PM 3:55**

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: C.L.A. MEDICAL BILLING AND CONSULTING, INC.

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

CATHERINE VON MOOS

(NAME)


1934 E. Cooper Drive

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

Deltona, Florida 32725

(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 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.*

  
(SIGNATURE)

APR 19 1996  
(DATE)