# P9600075121

# TRANSMITTAL LETTER

Dopartment of State
Division of Corporations
P.O.Box 6327
Tallahassoo, Florida 32314

2000001511602 -08/02/96--01063--012 -\*\*\*\*122.50

SUBJECT:

Associated Medical Billing, Inc. (Proposed Corporate name including suffix)

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

[ ] \$70.00

[ ] \$78.75

[X] \$122.50

[ ] \$131.25

FROM

Howard Ash

**ADDRESS** 

4233 Sheridan Avenue

CITY/STATE Miami Beach Florida 33140

PHONE (DAY) (305) 532 4946\_\_\_\_

FILED 96 SEP 10 FH 2:51 SECTION OF STATE

12 - 11 212 2

a.10,96



August 5, 1996

HOWARD ASH 4233 SHERIDAN AVENUE MIAMI BEACH, FL 33140

SUBJECT: ASSOCIATED MEDICAL BILLING, INC.

Rof. Number: W96000016212

We have received your document for ASSOCIATED MEDICAL BILLING, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6052.

Kimberly Rolfe Document Specialist

Letter Number: 496A00037162

#### ARTICLES OF INCORPORATION

OF

# Associated Medical Billing, Inc.

THE UNDERSTONED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights duties and obligations of the undersigned as incorporator, are to be determined in accordance with the laws of the State of Florida.

### ARTICLE I

The name of the corporation shall be:

Associated Medical Billing, Inc.

## ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

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

# 4233 Sheridan Avenue Miami Beach Florida 33140

#### ARTICLE IV

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

To sue and be sued, complain, and defend in its corporate name in all actions or proceedings;

To have a corporate seal, which may be altered at pleasure, and to use the same by causing it, or a

faculmile thereof, to be impressed, affixed, or in any other manner reproduced;

To purchase, take, receive, lease or otherwise acquire, own, hold, improve, use, and otherwise deal in and with real or personal property or any interest therein, wherever situated;

To sell, covey, mortgage, pledge, create a security interest in, lease, exchange, transfer, and otherwise dispose of all or any part of its property and assets;

To lend money to, and use its credit to assist, its officers and employees in accordance with Florida Statuto 8607.141;

To purchase, take, receive, subscribe for, or otherwise acquire, own, hold, vote, use, employ, sell, mortgage, lend, pledge, or otherwise dispose of, end otherwise use and deal in and with, shares or other interests in, or obligations of, other domestic or foreign corporations, associations, partnerships, or individuals, or direct or indirect obligations of the United States or of any other government, state, territory, governmental district, or municipality or of any instrumentality thereof;

To make contracts and guarantees and incur liabilities, borrow money at such rates of interest as the corporation may determine, issue its notes, bonds, and other obligations, and secure any of its obligations by mortgage or pledge of all or any of its property, franchises, and income;

To lend money for its corporate purposes, invest and reinvest its funds, and take and hold real and personal property as security of the payment of funds so loaned or invested;

To conduct its business, carry on its operations, and have offices and exercise the powers granted by this act within or without this state;

To elect or appoint officers and agents of the corporation and define their duties and fix their compensation;

To make and alter bylaws, not inconsistent with its articles of incorporation or with the laws of this state, for the administration;

To make donations for the public welfare or for charltable, scientific, or educational surposes;

To transact any and all lawful business which the board of directors shall find will be in aid of governmental policy;

To pay ponulons and ostablish possion plans, profit

sharing plans, stock bonus plans, stock option plans, and other incentive plans for any or all of its directors, officers, and employees and for any or all of its directors, officers, and employees of its subsidiaries;

To be a promotor, incorporator, partner, member, associate, or manager of any corporation, partnership, joint venture, trust, or other enterprise;

To have and exercise all powers necessary of convenient to effect its purpose;

To indemnify any person who by reason of the fact that he is or was a director, officer, employee or agent of the corporation to the full extent as permitted by Florida Statue S607.014;

# ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 1000 shares, having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE VI

The name and address of the initial Registered agent of this corporation shall be:

Howard Ash
4233 Sheridan Avenue
Miami Beach, Florida 33140

# ARTICLE VII

The initial board of directors shall consist of a total of 1 person(s) and the name and address of the person(s) who is to serve as an initial director(s) is:

Howard Ash 4233 Shoridan Avenue Mismi Beach, Florida 33140

# ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Howard Ash 4233 Sheridan Avenue Miami Beach, Florida 33140

The undersigned has executed these Articles of Incorporation on this 30th day of July, 1996.

Incorporator

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 617.0501, 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.

Fi.ret-That	Associated Medi	cal Billing,	Inc.
desiring to organize with its principle incorporation has no	office, as in	dicated in t	ho articles of
located at 4233 Shor			
City of Miami Beach		County o	f Dade
State of Florida, as this State.	its agent to acc	ept service o	f process within

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\_

Registered Agent

FILED 96 SEP 10 PH 2: 51
SECRETARY OF STATE
IALLAHASSEE, FLORIDA