

P96000084890

TRANSMITTAL LETTER

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

FILED
96 OCT 14 PM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: RMB MEDICAL BILLING INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the ar
for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50

Filing Fee
& Certified Copy

Certified Copy
& Certificate

Additional Copy Required

900001973069--7
-10/15/96--01006--001
*****70.00 *****70.00

FROM:

ORESTES J. ALONSO
Name (printed or typed)

1200 SW 117 COURT
Address

MIAMI - FL 33184
City, State & Zip

225 - 8943
Daytime Telephone number

BC 10/15

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

ARTICLES OF INCORPORATION

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:

AMB MEDICAL BILLING INC.

ARTICLE II PRINCIPAL OFFICE

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

*1200 SW 117 COURT
MIAMI - FL 33184*

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*ORESTES JAVIER ALONSO
1200 SW 117 COURT
MIAMI - FL 33184*

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Orestes Javier Alonso
1200 SW 117 COURT
MIAMI-FL 33184

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

23 day of September, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**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: RMB MEDICAL BILLING INC.

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

Orestes Javier Alonso
(NAME)

1200 SW 117 COURT
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI - FL 33184
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

9/23/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314