

P970000 14724

TRANSMITTAL LETTER

FILED  
FEB 12 PM 2:40  
TALLAHASSEE, FLORIDA

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

000002085050--9  
-02/12/97--01049--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.00  
78.75

SUBJECT:

MEDICAL BUSINESS SOLUTIONS, 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:

PETER J. LALIBERTE  
Name (Printed or typed)

13 DOLPHIN BLVD  
Address

PONTE VEDRA BEACH, FL 32082  
City, State & Zip

(904) 285-9738  
Daytime Telephone number

F. 01230014 FEB 14 1997

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:

MEDICAL BUSINESS SOLUTIONS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

13 DOLPHIN BLVD  
PONTE VEDRA BEACH, FL 32082

### ARTICLE III SHARES

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

1,500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PETER J. LALIBERTE  
13 DOLPHIN BLVD  
PONTE VEDRA BEACH, FL 32082

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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):

PETER J. LALIBERTE  
13 DOLPHIN BLVD  
PONTE VEDRA BEACH, FL 32082

TONIE L. LALIBERTE  
13 DOLPHIN BLVD  
PONTE VEDRA BEACH, FL 32082

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

12<sup>th</sup> day of FEBRUARY, 19 97.

(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 MEDICAL BUSINESS SOLUTIONS, INC.

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

PETER J. LAUBERTE  
(NAME)

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

PONTE VEDRA BEACH, FL 32082  
(CITY/STATE/ZIP)

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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)

2/12/97  
(DATE)