

P 97000049514

TRANSMITTAL LETTER

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

800002198408--2  
-06/02/97--01154--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: PHYSICIANS BILLING GROUP, 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: Kia-Lee Marie Faison-Bussey  
Name (Printed or typed)

1451 West Cypress Creek Road, Suite 300  
Address

Fort Lauderdale, FL 33309  
City, State & Zip

954-928-2879  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUN -2 PM 2:55

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

97 JUN 15/97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 APR 10 10 07 AM

April 9, 1997

KIA-LEE M. BUSSEY  
ACCURATE BILLING & COLLECTIONS  
3107 NORTHWEST 69TH CT.  
FORT LAUDERDALE, FL 33309-1236

The name PHYSICIANS BILLING GROUP, INC. has been reserved for 120 days beginning April 9, 1997. The reservation number is R97000001673 and this reservation is **NONRENEWABLE**.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lantham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Melissa A Johnson

Letter number: 097A00017764

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUN 10 AM 9:55

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### **ARTICLE I      NAME**

The name of the corporation shall be:

PHYSICIANS BILLING GROUP, INC.

### **ARTICLE II      PRINCIPAL OFFICE**

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

1451 West Cypress Creek Road, Suite 300  
Fort Lauderdale, FL 33309

### **ARTICLE III      SHARES**

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

1,000

### **ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

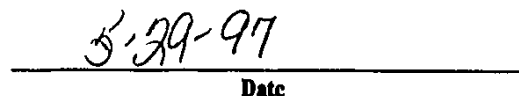
Susan Davison  
1451 West Cypress Creek Road, Suite 300  
Fort Lauderdale, FL 33309

### **ARTICLE V      INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

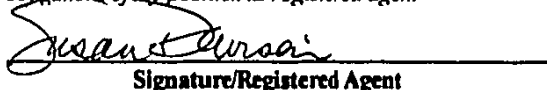
Kia-Lee Marie Faison-Bussey  
1451 West Cypress Creek Road, Suite 300  
Fort Lauderdale, FL 33309

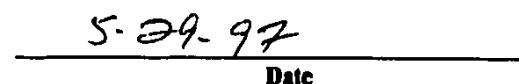
  
Signature/Incorporator

  
Date

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

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

  
Date