

TRANSMITTAL LETTER

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

SUBJECT: COST EFFECTIVE MEDICAL BILLING CORP.
(Proposed corporate name - must include suffix)

500002255145--6
-08/01/97--01081--004
****122.50 ****122.50

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: COST EFFECTIVE MEDICAL BILLING CORP.
Name (Printed or typed)

MS. EILEEN MOTT

6189 DELTONA BLVD.

Address

SPRING HILL FL 34607

City, State & Zip

(352) 597-0034
Daytime Telephone number

RECEIVED
TALLAHASSEE, FLORIDA

97 AUG - 1 AM 9:05

FILED

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

6/15/97
[Signature]

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:

COST EFFECTIVE MEDICAL BILLING, CORP.

ARTICLE II PRINCIPAL OFFICE

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

6189 DELTONA BLVD.
SPRING HILL, FL 34607

ARTICLE III SHARES

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

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

EILEEN MOTT
4293 LEE ROAD
SPRING HILL, FL 34608

ARTICLE V INCORPORATOR

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

EILEEN MOTT
4293 LEE ROAD
SPRING HILL, FL 34608

Eileen Mott

Signature/Incorporator

7-2-97

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.

Eileen Mott

Signature/Registered Agent

7-2-97

Date

FILED
97 AUG -1 PM 9:05
SECRET
TALLAHASSEE