

P97000091882

TRANSMITTAL LETTER

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

SUBJECT: GULFCOAST MEDICAL BILLING SERVICES, INC.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$122.50.

FROM: Douglas J. Amidon, Attorney At Law  
38515 U.S. Hwy. 19 N.  
Palm Harbor, Florida, 34684  
(813) 942-8278

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 OCT 24 AM 10:34

10/27/97

ARTICLES OF INCORPORATION

OF

GULFCOAST MEDICAL BILLING SERVICES, INC.

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DIVISION OF CORPORATIONS  
97 OCT 24 AM 10:34

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

ARTICLE I NAME

The name of the corporation shall be: GULFCOAST MEDICAL BILLING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

9316 Binnacle Drive, Suite #324  
Port Richey, Florida 34668

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five hundred (500).

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Fred Koehli  
9316 Binnacle Drive, Suite #324  
Port Richey, Florida 34668

ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

Fred Koehli  
9316 Binnacle Drive, Suite #324  
Port Richey, Florida 34668

The undersigned have executed these Articles of Incorporation

this 17<sup>th</sup> day of October, 1997.

  
\_\_\_\_\_  
Signature/Title      President

**CERTIFICATE OF DESIGNATION**  
**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: **GULFCOAST MEDICAL BILLING SERVICES, INC.**
2. The name and address of the registered agent and office is:

**Fred Koehli**  
**9316 Binnacle Drive, Suite #324**  
**Port Richey, Florida 34668**

SIGNATURE   
(corporate officer)

TITLE President

DATE 10-17-97

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 

DATE 10-17-97

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