

P98000039562
TRANSMITTAL LETTER

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

300002507323--7
-05/01/98--01002--021
*****78.75 *****78.75

SUBJECT: All Florida Medical Billing, 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: Jennifer Lynn Rojas
Name (Printed or typed)

15300 SW 304 St
Address

Leisure City, FL 33033
City, State & Zip

(305) 246-9659
Daytime Telephone number

FILED
98 APR 30 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BR 5/1/98

FILED

98 APR 30 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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:

All Florida Medical Billing, Inc.

ARTICLE II PRINCIPAL OFFICE

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

15300 SW 304 St, Leisure City, FL. 33033

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:

Jennifer L. Rojas 15300 SW 304 St. Leisure City, FL. 33033

ARTICLE V INCORPORATOR

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

Jennifer L. Rojas 15300 SW 304 St. Leisure City, FL 33033

Jennifer L. Rojas
Signature/Incorporator

4-29-98
Date

Purpose for this application is: to provide medical insurance claims processing and collection services to medical care providers.

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

Jennifer L. Rojas
Signature/Registered Agent

4-29-98
Date