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TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 22 PM 3:53

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

200002533912--6

-05/22/98--01103--015

***131.25 ***131.25

SUBJECT:

PREMIER 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:

MARCIE MARTINEZ

Name (Printed or typed)

15331 NW 4th ST

Address

Pembroke Pines Florida 33028

City, State & Zip

954-438 8844

Daytime Telephone number

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

D. BROWN MAY 27 1998

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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:

PREMIER MEDICAL BILLING, INC

ARTICLE II PRINCIPAL OFFICE

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

15331 NW 4 ST
PEMBROKE PINES, FL 33175

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARLIE
MARTINEZ 15331 NW 4 ST
PEMBROKE PINES, FL 33175

ARTICLE V INCORPORATOR

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

MARLIE MARTINEZ
15331 NW 4 ST
PEMBROKE PINES, FL 33175

Marcie Martinez
Signature/Incorporator

5/19/98
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

Marcie Martinez
Signature/Registered Agent

5/19/98
Date