# TRANSMITTAL LETTER

# P9800053777

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

SUBJECT:	MEDICAL BILLING MANAGEN (Proposed corpora	ate name - must include sur	.:x) .:0000255: -06/15/98-	 95512 -01054009 5 *****78.75
Enclosed is an origina	l and one(1) copy of the articles	of incorporation and a	check for :	7
S70.00 Filing Fee	S78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	j. Gary Brownsberg Name (Pr	ger rinted or typed)	<del></del>	98 SEC TALL
	38349 Hwy 54 East Address			FILED 98 JUN 15 PM SECRETARY OF ALLAHASSEE, I
	Zephyrhills, Florida 33540 City, State & Zip			PM 1: 34 OF STATE E, FLORID

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

813-788-3378

Daytime Telephone number

## 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

The name of the corporation shall be:

MEDICAL BILLING MANAGEMENT OF FLORIDA, INC.

#### PRINCIPAL OFFICE

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

38349 HWY 54 EAST, ZEPHYRHILLS, FLORIDA 33540

#### 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:

J. GARY BROWNSBERGER 38349 HWY 54 EAST, ZEPHYRHILLS, FLORIDA 33540

### INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

J. GARY BROWNSBERGER 38349 HWY 54 EAST, ZEPHYRHILLS, FLORIDA 33540

(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