

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 14 AM 11:12

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

SUBJECT: Physicians Billing Resources, Inc.
(Proposed corporate name - must include suffix)

300002663409--8
-10/14/98--01031--019
*****131.25 *****87.50

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: Janet M. Schaefer
Name (Printed or typed)

P O Box 1990
Address

Cape Canaveral, FL 32920-1990
City, State & Zip

727-593-5593
Daytime Telephone number

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

D. BROWN OCT 15 1998

ARTICLES OF INCORPORATION

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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:

Physicians Billing Resources, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P O Box 1990
Cape Canaveral, FL 32920-1990

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:

Janet M. Schaefer
465 Parkside Ave.
Merritt Island, FL 32953

ARTICLE V INCORPORATOR

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

Janet M. Schaefer
P O Box 1990
Cape Canaveral, FL 32920-1990


Signature/Incorporator

10/09/98

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


Signature/Registered Agent

10/09/98
Date