

TRANSMITTAL LETTER

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

800002672608--5

-10/26/98--01100--008
*****78.75 *****78.75

SUBJECT: MED-PRO Billing Solutions, 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: ELIZABETH A. Smith
Name (Printed or typed)

4639 MEADOWVIEW Circle
Address

SARASOTA FL 34233
City, State & Zip

941-922-7248
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

98 Oct 26 PM 12:57

FILED

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

[Handwritten signature]

[Handwritten 'C' in a box]

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:

MED-PRO Billing Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

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

4639 MEADOWVIEW CIRCLE
SARASOTA, FL 34233

ARTICLE III SHARES

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ELIZABETH A. Smith
4639 MEADOWVIEW CIRCLE
SARASOTA, FL 34233

ARTICLE V INCORPORATOR

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

ELIZABETH A. Smith
4639 MEADOWVIEW CIRCLE
SARASOTA, FL 34233

Elizabeth A. Smith
Signature/Incorporator

10-22-98

Date

FILED
98 OCT 26 PM 12:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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.

Elizabeth A. Smith
Signature/Registered Agent

10-22-98

Date