

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

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-10/30/98--01019--006

*****78.75 *****78.75

SUBJECT: Naples Medical Billing Solutions, Incorporated
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 30 AM 9:23

FROM: Jennifer Rives
Name (Printed or typed)

260 Jung Blvd. E.
Address

Naples, FL. 34120
City, State & Zip

(941) 455-5259
Daytime Telephone number

F. CHESSEY NOV 2 1998

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

FILED
SECRETARY OF STATE
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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:

Naples Medical Billing Solutions, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

260 Jung Blvd E.
Naples, FL 34120

ARTICLE III SHARES

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

500 Shares, Par Value \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jennifer L. Rives
260 Jung Blvd. E.
Naples, FL 34120

ARTICLE V INCORPORATOR

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

Jennifer L. Rives
260 Jung Blvd. E.
Naples, FL 34120

Jennifer L. Rives
Signature/Incorporator

10/26/98
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

Jennifer L. Rives
Signature/Registered Agent

10/26/98
Date



DAVID PERLMUTTER
COMMISSION # CC 712240
EXPIRES MAR 12, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.

Signed before
me 10/26/98
David Perlmutter