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# TRANSMITTAL LETTER

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

400002723274--9 --12/28/38--01075--018 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	NCH Medical Billing.	Inc.	

Enclosed is a original and one (1) copy of the articles of incorporation and a check for \$87.50 for the purpose of Filing Fee, Certified Copy and Certificate of Status.

FROM: NCH Medical Billing, Inc.

1441 Lake Harney Woods Blvd.

Mims, FL 32754

407-349-2965

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SCURZIARY OF STATE
TALLAHASSEF, FLORIDA

DEC 2 9 1998

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# ARTICLES OF INCORPORATION

The undersigned incoporator, for the purpose of forming a corporation under Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME:

The name of the corporation shall be:

NCH Medical Billing, Inc.

## ARTICLE II PRINCIPAL OFFICE:

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

1441 Lake Harney Woods Blvd. Mims, Florida 32754 407-349-2965

#### ARTICLE III SHARES:

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

Ten Thousand (10,000) of One Dollar (\$1.00) par value Common Stock, which shall be designated

"Common Shares"

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Alisa M. Hasweh 1441 Lake Harney Woods Blvd. Mims, Florida 32754 407-349-2965

## ARTICLE V INCORPORATOR:

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

Alisa M. Hasweh 1441 Lake Harney Woods Blvd. Mims, Florida 32754 407-349-2965

Signature/Incorporator

<u>-26 - /978</u> Date

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# (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 designed in this certificate, I hereby accept the appointment as registered agent 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 obligation of my position as registered agent.

Signature/Registered Agent

Data