P99000012697

TRANSMITTAL LETTER

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

SUBJECT: Medical Billing Consortium INC
(Proposed corporate name - must include suffix)

000002770380--0
-02/09/99--01113--001
****315.00 *****78.75

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

99 FEB -9 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Luis Perez
Name (Printed or typed)

3590 S. State Rd. 7
Address

Miramar FL 33023
City, State & Zip

Daytime Telephone number

RECEIVED
99 FEB -9 PM 1:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

Article 1: Name of Corporation: MEDICAL BILLING CONSORTIUM, INC

Address of Corporation: 3590 South State Road 7 Ste, #5
MIRAMAR, FL 33023

Article 2: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 100, with a par value of $1.00.
(PAR VALUE IS NOT REQUIRED).

Article 3: REGISTERED AGENT: Luis Perez

REGISTERED OFFICE: 3590 So. State Road 7 ste, #5
Miramar, FL 33023

* I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.

02/05/99
Date

Luis Perez
Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, second is Vice President, then Secretary/Treasurer.

1.

2.

3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

~~MED~~ Luis Perez
3590 South State Road 7, ste, #5
MIRAMAR, FL 33023

99 FEB -9 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In witness whereof, I have subscribed my name:

Signature of Incorporator

Luis Perez