

## TRANSMITTAL LETTER

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

SUBJECT:

**P99000020486**  
Accelerated Medical Billing, Inc.  
(Proposed corporate name - must include suffix)

200002791182--3  
-03/01/99-01147-018  
\*\*\*\*\*78.75 \*\*\*\*\*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**

FROM:

Patrick M. Dougherty  
Name (Printed or typed)

4465 Coco Ridge Circle  
Address

Sarasota, FL 34233  
City, State & Zip

941-923-9533  
Daytime Telephone number

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

F. O'NESSER MAR 4 1999

**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:

Accelerated Medical Billing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

4465 Coco Ridge 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

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Patrick M. Dougherty  
4465 Coco Ridge Circle  
Sarasota, FL 34233

**ARTICLE V INCORPORATOR**

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

Patrick M. Dougherty  
4465 Coco Ridge Circle  
Sarasota, FL 34233

  
Signature/Incorporator

2/25/99  
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

2/25/99  
Date

FILED  
99 MAR -1 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA