

P990000082516
TRANSMITTAL LETTER

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

200002975972--5
-09/01/99--01052--011
*****78.75 *****78.75

SUBJECT: EL Medical Billing, 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

Please return the photocopy to me with the filing date stamped on it.

FROM:

ELAINE M. Lee

Name (printed or typed)

24 Cardamon Dr.

Address

Orlando, FL 32825

City, State & Zip

(407) 281-0182

Daytime Telephone Number

FILED
99 SEP 17 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 91-20607
In of sum - RA-



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 7, 1999

ELAINE M LEE
24 CARDAMON DRIVE
ORLANDO, FL 32825

SUBJECT: EL MEDICAL BILLING, INC.
Ref. Number: W99000020607

We have received your document for EL MEDICAL BILLING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 899A00044190

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the state of Florida, adopt the following articles of incorporation:

FIRST The name of the corporation is: EL Medical Billing, Inc.

SECOND The period of its duration is: Indefinite.

THIRD The purpose of the corporation is: To provide medical billing and practice management services to health care providers.

FOURTH The aggregate number of authorized shares is: 100.

FIFTH The corporation will not commence business until at least 100 dollars have been received by it as consideration for the issuance of shares.

SIXTH Cumulative voting of shares of stock is authorized.

SEVENTH Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Set forth in the Bylaws.

EIGHTH Provisions for regulating the internal affairs of the corporation are: Set forth in the Bylaws.

NINTH The address of the initial registered office of the corporation is: 24 Cardamon Drive, Orlando, FL 32825 and the name of its initial registered agent at such address is: Elaine M. Lee.

TENTH Address of the principal place of business is: 24
Cardamon Drive, Orlando, FL 32825.

ELEVENTH The number of directors constituting the initial board
of directors of the corporation is 2, and the names and address
of the persons who are to serve as directors until the first
annual meeting of shareholders or until their successors are
elected and shall qualify are:

Name	Address
<u>Elaine M. Lee</u>	<u>24 Cardamon Drive, Orlando, FL 32825</u>
<u>Jeffery K. Lee</u>	<u>24 Cardamon Drive, Orlando, FL 32825</u>

TWELFTH The name and address of each incorporator is:

Name	Address
<u>Elaine M. Lee</u>	<u>24 Cardamon Drive, Orlando, FL 32825</u>
<u>Jeffery K. Lee</u>	<u>24 Cardamon Drive, Orlando, FL 32825</u>

Date August 27, 1999

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: EL Medical Billing, Inc.

2. The name and address of the registered agent and office is:

Elaine M. Lee
(Name)

24 Cardamon Dr
(P.O. Box NOT acceptable)

Orlando, FL 32825
(City/State/Zip)

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 Elaine M. Lee
INCORPORATOR AND REGISTERED AGENT

DATE 9/10/99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314