

P99000094276

TRANSMITTAL LETTER

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

100003023931--2

-10/25/99-01101--011

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

SUBJECT: Sunshine Medical Billing, Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 25 PM 1:39

FILED

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

 X \$78.75
Filing Fee &
Certified Copy

 \$131.25
Filing Fee,
Certified Copy &
Certificate

FROM:

Thomas S. Williams
2762 SW Matheson Ave.
Apt. B-2
Palm City, FL 34990
561-283-8109

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

T. Burch OCT 26 1999

ARTICLES OF INCORPORATION

FILED

99 OCT 25 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Sunshine Medical Billing, Inc

ARTICLE II PRINCIPAL OFFICE

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

2762 SW Matheson Ave.
Apt. B-2
Palm City, FL 34990

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas S. Williams
2762 SW Matheson Ave.
Apt. B-2
Palm City, FL 34990

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Thomas S. Williams
2762 SW Matheson Ave.
Apt. B-2
Palm City, FL 34990

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 21th day of October 1999.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

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

PURSUANT TO THE PROVISIONS OF SECTION 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:

Sunshine Medical Billing, Inc.

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

Thomas S. Williams

2762 SW Matheson Ave.

Apt. B-2

Palm City, FL 34990

561-283-8109

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Thomas S. Williams
(Signature)

10/21/99
(Date)