

P99000094981

TRANSMITTAL LETTER

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

000003025940--2
-10/27/99--01031--012
*****78.75 *****78.75

SUBJECT: Med-Acclaim Billing Company
(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 of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Audre Anderson
Name (Printed or typed)

6400 NW 20th Court
Address

Sunrise, Florida 33313
City, State & Zip

954-747-1285
Daytime Telephone number

FILED
99 OCT 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T.S. 10/28/99

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:

Med-Acclaim Billing Company

ARTICLE II PRINCIPAL OFFICE

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

6400 NW 20th Court
Sunrise, Florida 33313

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Audre M. Anderson
6400 NW 20th Court
Sunrise, Florida 33313

ARTICLE V INCORPORATOR

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

Latonya A. Inyang
914 Magnolia Avenue
North Lauderdale, Florida 33313

Latonya A. Inyang
Signature/Incorporator

10-22-99

Date

FILED
99 OCT 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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

Audre M. Anderson
Signature/Registered Agent

10-22-99

Date