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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

MED CORP MEDICAL BILLING SERVICES INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

**TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE,
FLORIDA**

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

ARTICLE I NAME

The name of the Corporation shall be:

MED CORP MEDICAL BILLING SERVICES INC.

The principal place of business of this corporation shall be:

3900 NW 79th Avenue Suite 326

Miami, FL 33166

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE II NATURE OF BUSINESS

This corporation may engage in any business permitted under the laws of the United State, the State of Florida, or any other State, Country, Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS


The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): Raquel Cerro whom resides at 3900 NW 79th Avenue Suite 326, Miami, FL 33166.

ARTICLE VI INCORPORATOR(S)

The names(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): Raquel Cerro, whom resides at 3900 NW 79th Avenue Suite 326 Miami, Fl 33166.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 15 day of June, 2000.

Signature(s) of Incorporator(s)


Raquel Cerro /Incorporator/Registered Agent

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: Med Corp. Medical Billing Services. INC.
2. The name and address of the registered agent and office is:

Raquel Cerro
3900 NW 79th Avenue
Suite 326
Miami, FL 33166

SIGNATURE: _____

TITLE: Incorporator/Registered Agent

Date: 6/15/00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: _____

Date: 6/15/00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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