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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MEDCOM BILLING, INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

Walk in Pick up time 2.00

Certified Copy

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Photocopy

Certificate of Status

RECEIVED
00 OCT 10 AM 10:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
00 OCT 10 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

600003420486-1
-10/10/00-01067-012
*****78.75 *****78.75

Examiner's Initials

**ARTICLES OF INCORPORATION
OF**

MEDCOM BILLING, INC.

The undersigned incorporator for the purpose of forming a Corporation under the Florida Business Corporation Act hereby adopts the following Articles of Incorporation.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

MEDCOM BILLING, INC.

ARTICLE II - PRINCIPAL OFFICE

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

**8469 N.W. 189TH Street Road
Miami, Florida 33015**

ARTICLE III - CAPITAL STOCK

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

2,000 Shares of Stock par value \$1.00 per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**Leslin Lumpuy
8469 N.W. 189th Street Road
Miami, Florida 33015**

ARTICLE V - INCORPORATORS

The name and street address of the incorporator, his interest and title in these Articles of Incorporation is as follows:

**LESLIN LUMPUY
8469 N.W. 189TH STREET ROAD
MIAMI, FLORIDA 33015
100%
PRESIDENT-SECRETARY**

The undersigner has executed these Articles of Incorporation, this 1ST
 day of OCTOBER, 2000.


LESLIN LUMPUY

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

Pursuant to the provisions of Section 607.0501, 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.

The name of the Corporation is:

MEDCOM BILLING, INC.

The name and address of the registered office/registered agent is

**Leslin Lumpuy
8469 N. W. 189th Street Road
Miami, Florida 33015**

Appointment Approval By: Leslin Lumpuy

Leslin Lumpuy

Title: **President/Secretary**

Date: 10/1/00

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: Leslin Lumpuy

Leslin Lumpuy

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TALLAHASSEE FLORIDA