

PO1000028197

TRANSMITTAL LETTER

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

FILED
01 MAR 19 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Group Medical Billing Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003798214--3
-03/05/01--01104--017
*****78.75 *****78.75

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 of Status
ADDITIONAL COPY REQUIRED

FROM: Maria E. Almeyda
Name (Printed or typed)

17881 S.W. 143 Court.
Address

Miami, FL 33177
City, State & Zip

(305) 971-2177 - could not reach # tried to FAX
Daytime Telephone number

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

WOT-5294
P# 3/8/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 8, 2001

MARIA E ALMEYDA
17881 SW 143 CT
MIAMI, FL 33177

SUBJECT: GROUP MEDICAL BILLING SERVICES, INC.
Ref. Number: W01000005294

We have received your document for GROUP MEDICAL BILLING SERVICES, 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):

The document must state the number of shares of authorized stock.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 501A00014270

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Group Medical Billing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 17881 SW 143ct.
Miami, FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Billing

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): Maria E. Almeyda, President - 17881 SW 143ct., Miami, FL
Jael Pineda, Vice-President - 17372 SW 137ct., Miami, FL
Ricardo Almeyda, Secretary - 17881 SW 143ct., Miami, FL
Mario Pineda, Treasurer - 17372 SW 137ct., Miami, FL

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Maria E. Almeyda
17881 SW 143ct.
Miami, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Jael Pineda
17372 SW 137ct.
Miami, FL 33177

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Maria E. Almeyda
Signature/Registered Agent

2-28-01
Date

Jael Pineda
Signature/Incorporator

2/28/01
Date

FILED
01 MAR 19 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA