TRANSMITTAL LETTER

P02000083220

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

SUBJECT: MAKARIOS MEDICAL BILLING, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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

02 AUG -2 PM 12:25

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FROM: Makarios Medical Billing, Inc. 600806404526--7
Name (Printed or typed)
-07/15/02--01050--021
*****87.50 *****87.50

13772 SW 147 Circle Lane, Suite 1
Address

Miami, FL 33186
City, State & Zip

(305) 772-2648
Daytime Telephone number

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

WL-2505

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 16, 2002

MAKARIOS MEDICAL BILLING, INC.
13772 SW 147 CIR LN STE 1
MIAMI, FL 33186

SUBJECT: MAKARIOS MEDICAL BILLING, INC.
Ref. Number: W02000020505

We have received your document for MAKARIOS MEDICAL BILLING, INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE FILL OUT THE ONE PAGE FORM.

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) 245-6927.

Tracy Smith
Document Specialist
New Filing Section

Letter Number: 202A00043738

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:

Makarios Medical Billing, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Makarios Medical Billing, Inc.
13772 SW 147 Circle Lane, Suite 1
Miami, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do any and all business activities as permitted by the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

One (1).

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President – Allison Simpson
13772 SW 147 Circle Lane
Suite 1
Miami, FL 33186

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Mark Simpson
13772 SW 147 Circle Lane, Suite 1
Miami, FL 33186

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Allison Simpson
13772 SW 147 Circle Lane, Suite 1
Miami, FL 33186

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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

Signature/Registered Agent Mark Simpson — Date 7/12/02

Signature/Incorporator Allison Simpson — Date 7/12/02