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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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04 AUG 12 AM 11:46
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

MIAMI MEDICAL BILLING SERVICE, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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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:

MIAMI MEDICAL BILLING SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

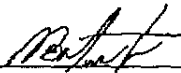
The principal place of business/mailling address is:

3446 SW 8 ST
SUITE: 202
MIAMI, FL 33135**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is:
100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

JORGE BATISTA (P)
3446 SW 8 ST
SUITE: 202
MIAMI, FL 33135**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:JORGE BATISTA
3446 SW 8 ST
SUITE: 202
MIAMI, FL 33135**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:JORGE BATISTA
3446 SW 8 ST
SUITE: 202
MIAMI, FL 33135

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

08-12-04

Date



Signature/Incorporator

08-12-04

Date

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