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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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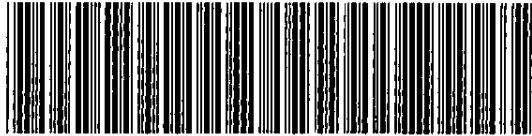
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-3-09  
WCC

**RICHARD B. PETIGROW, P.A.**

**Attorney at Law**  
9900 W. Sample Road  
Suite 300  
Coral Springs, Florida 33065

RICHARD B. PETIGROW  
Member of  
Florida and New Jersey Bars

1334-1

January 30, 2009

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

Re: MED-SURG BILLING SPECIALISTS, INC.

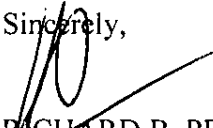
Dear Sir/Madam:

Enclosed for filing please find two copies of the Articles Of Incorporation of MED-SURG BILLING SPECIALISTS, INC. together with the Acceptance Of Registered Agent. Kindly file the documents and upon filing return a stamped filed copy of the documents to me.

This firm's check in the amount of \$70.00 is enclosed.

If you have any questions, please do not hesitate to contact me.

Sincerely,

  
RICHARD B. PETIGROW

ARTICLES OF INCORPORATION  
OF  
MED-SURG BILLING SPECIALISTS, INC.

\* \* \* \* \*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed by the undersigned for the purpose of forming a corporation under the Florida Business Corporation Act.

FIRST: The name of the corporation is MED-SURG BILLING SPECIALISTS, INC.

SECOND: The purposes for which this corporation is organized are to engage in any activity within the purposes for which corporations may be organized under the Florida Business Corporation Act.

THIRD: The address of the corporation's initial registered office and the name of the corporation's initial registered agent at such address are Magda L. Dominguez, 921 SW 39 Avenue, Fort Lauderdale, FL. 33312.

FOURTH: The initial principal office and mailing address of the Corporation shall be located at 921 SW 39 Avenue, Fort Lauderdale, FL. 33312.

FIFTH: The total authorized capital stock of the corporation shall consist of one thousand (1,000) shares without par value.

SIXTH: The number of directors constituting the first Board of Directors is two (2) and the names of the persons who are to serve as such directors are:

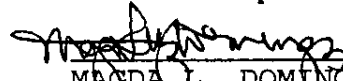
MAGDA L. DOMINGUEZ

BARBARA N. VIRT

SEVENTH: A director or officer of the Corporation shall not be personally liable to the Corporation or its shareholders for monetary damages for breach of fiduciary duty as a director or officer, except for liability (a) for any breach of the director's or officer's duty of loyalty to the Corporation or its shareholders, (b) for acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law, (c) for any transaction from which the director or officer derived an improper personal benefit, or (d) expressly provided under the Florida Business Corporation Act. If the Florida Business Corporation Act is hereafter amended to authorize the further elimination or limitation of the liability of directors and officers then the liability of a director or officer of the Corporation, in addition to the limitation on personal liability provided herein, shall be eliminated or limited to the fullest extent permitted by the Florida Business Corporation Act, as so amended.

EIGHTH: The name and address of the incorporator is Magda L. Dominguez, 921 SW 39 Avenue, Fort Lauderdale, FL. 33312.

IN WITNESS WHEREOF, these Articles of Incorporation have  
been signed this 26<sup>th</sup> day of January, 2009.

  
\_\_\_\_\_  
MACDA L. DOMINGUEZ  
Sole Incorporator

ACCEPTANCE OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF THE FLORIDA BUSINESS CORPORATION ACT, MED-SURG BILLING SPECIALISTS, INC. HEREBY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is MED-SURG BILLING SPECIALISTS, INC.

2. The name and address of the registered agent and office is Magda L. Dominguez, 921 SW 39 Avenue, Fort Lauderdale, FL. 33312.

Having been named as registered agent and to accept the service of process for the above stated corporation at the place designated in this Acceptance, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
MAGDA L. DOMINGUEZ

01-26-2009  
DATE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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