

Division of Corporations Page 1 of 1
P12000069201

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 COMPREHENSIVE MEDICAL BILLING OF FLORIDA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLE OF INCORPORATION

COMPREHENSIVE MEDICAL BILLING OF FLORIDA, INC.

I, the undersigned, a natural person competent to contract, do hereby make, subscribe and file these Articles of Incorporation for the purpose of organizing a corporation under the laws of the State of Florida.

ARTICLE I

NAME OF CORPORATION

The name of the corporation shall be:

COMPREHENSIVE MEDICAL BILLING OF FLORIDA, INC.

ARTICLE II

GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

ARTICLE III

CAPITAL STOCK

- A. The total authorized capital stock of this Corporation is One thousand (1,000) shares of Common Stock, par value \$1.00 per share.
- B. Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE IV

TERM OF EXISTENCE

This Corporation shall exist perpetually.

ARTICLE V

ADDRESS OF PRINCIPLE OFFICE IN THIS STATE

The initial street address of the principle office of this Corporation in the State of Florida is:
4301 SOUTH FLAMINGO ROAD, SUITE 105-121, Fort Lauderdale, FL 33330

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**ARTICLE VI
NUMBER OF DIRECTORS**

This Corporation shall have not less than one (1) Director

**ARTICLE VII
FIRST BOARD OF DIRECTORS**

The name and street address of the initial members of the Board of Directors are:

**NATASHA D. MAYNE, PRESIDENT
4301 SOUTH FLAMINGO ROAD, SUITE 106-121, Fort Lauderdale, FL 33330**

**ARTICLE VIII
INITIAL REGISTERED OFFICE AND AGENT**

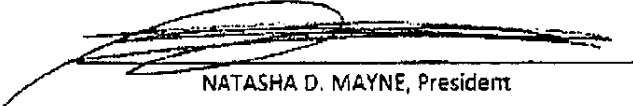
The street address of the initial registered office of the Corporation is:
12555 Orange Drive, Suite 262, Davie, FL 33330

and the name of the initial registered agent of this Corporation at this address is:
NATASHA D. MAYNE, ESQ.

ARTICLE IX- INCORPORATOR

The name and address of the person signing these Articles of Incorporation is:

**NATASHA D. MAYNE, PRESIDENT
4301 SOUTH FLAMINGO ROAD, SUITE 106-121, Fort Lauderdale, FL 33330**


NATASHA D. MAYNE, President

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN
FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 49.091 and Section 607.034(3) Florida Statutes, the following is submitted:
COMPREHENSIVE MEDICAL BILLING OF FLORIDA, INC.

a corporation under the laws of the State of Florida, with its principle place of business:
4301 SOUTH FLAMINGO ROAD, SUITE 106-121, Fort Lauderdale, FL 33330

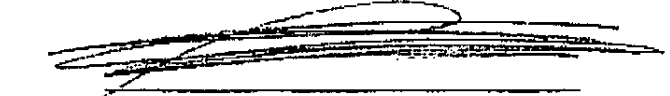
and has named
NATASHA D. MAYNE located at:

12555 Orange Drive, Suite 262, Davie, FL 33330

as its agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for the above named corporation, at the place designated in this certificate, I hereby state that I am familiar with, and accept the obligations provided for the Florida Statutes Section 607.325, that I hereby accept to act in this capacity and agree to comply with the provisions of said sections relative to keeping open said office


Registered Agent- **NATASHA D. MAYNE**

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