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## FLORIDA PROFIT/NON PROFIT CORPORATION Apollo Medical Billing Services Inc.

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T. SCOTT

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### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Apollo Medical Billing Services Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8200 NW 27th Street, Suite 108 Doral, FL 33122

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### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Richard Hochman 475 Biltmore Way #108 Coral Gables, FL 33134

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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### ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Richard Hochman - President/Director 8200 NW 27th Street, Doral, FL 33122

Michelle Detweiler - Treasurer/Director 8200 NW 27th Street, Doral, FL 33122

### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Richard Hochman 8200 NW 27th Street, Doral, FL 33122

Michelle Detweiler 8200 NW 27th Street, Doral, FL 33122

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of March 20 15

Richard Hochman

Signature

Michelle Detweiler

Signature

2. The name and address of the registered agent and office is:

1. The name of the corporation is: Apollo Medical Billing Services Inc.

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES. THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

Richar	d Hochman
	Name
<u>475 Bi</u>	Itmore Way #108
	(P.O. Box or Mail Drop Box NOT Acceptable)
Coral C	Gables, FL 33134
	(City / State : Zip)
corporation at the place designated in this cer agent and agree to act in this capacity. I furth	to accept service of process for the above stated rtificate. I hereby accept the appointment as registered her agree to comply with the provisions of all the statutes ince of my duties, and am familiar with and accept the
Richard Hochman SIGNATURE	03/02/2015(Date)