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

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Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	a check for :
\$70.00	\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
Ü	& Certificate of Status	& Certified Copy	Certified Copy
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NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
Future Medical Billing Services, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
8099 Bayshore Drive, Feasure Island.
The principal place of business/mailing address is: 8099 Bayshore Orive, Treasure Island. ARTICLE III PURPOSE The purpose for which the corporation is organized is: Medical Billing
ARTICLE IV SHARES The number of shares of stock is: 500
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Panela Ciplar Pres. 8099 Bayshore Drive, Treasure Island, HA. 33706 ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
Pamela Cihlar 8099 Bayshore Drive, Treasure Island, Ala. 33706
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Landa Cihla Tressure Island, Fla. 33706 ***********************************
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 Pagistered Agent Signature Pagistered Agent Date
Signature/Registered Agent Date

Date

Signature/Incorporator