

Charter Number Only

Amended 5310

NON ONLY

Requestor's Name

Address

City

State

ZIP

Phone

800003273018--8
-06/01/00--01010--012
*****78.75 *****78.75

CORPORATION(S) NAME

DME MED BILL, INC.



Empire Toll Free: 1-800-432-3028

RECEIVED
00 JUN - 1 AM 9:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- Profit
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Verifier	
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W.P. Verifier	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DME MED Bill, Inc.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

7800 NW 185 Street
Miami, FL 33015

ARTICLE III SHARES

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

100 shares at \$1.00 per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Brian Lynn, CPA, PA
Two South University Drive, #215
Plantation, FL 33324

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Cristina A. Barrios, Director, President,
Vice President, Treasurer, and Secretary

7860 NW 185 Street
Miami, FL 33015

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

30 day of May, 2000


Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: DME MED BILL, INC

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

Brian Lynn, CPA, PA
(NAME)

Two S. University Dr., #215
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Plantation, FL 33324
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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.

Brian Lynn
(SIGNATURE)

5-30-2000
(DATE)