

# Review 2595

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EXPRESS CORPORATE FILING SERVICE INC  
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112  
(Address)

CORAL GABLES, FLORIDA 33134  
(City, State, Zip)

(305) 444-4994 (305) 444-4977  
(Phone#) (FAX#)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. C.A. Medical Billing Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-07/25/00--01040--025  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**FOR**  
**C.A. MEDICAL BILLING INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be:

C.A. MEDICAL BILLING INC.

**ARTICLE II PRINCIPAL OFFICE**

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

8390 N.W. 103rd ST.  
HIALEAH GARDENS, FL 33016

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100 @ \$1.00

**ARTICLE IV REGISTERED AGENT**

The name and Florida street address of the initial registered agent shall be:

CHRISTINA AVILA  
8390 N.W. 103rd ST.  
HIALEAH GARDENS, FL 33016

**ARTICLE V INCORPORATOR**

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

CHRISTINA AVILA  
8390 N.W. 103rd ST.  
HIALEAH GARDENS, FL 33016

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*Christina Avila*  
Signature of Incorporator

7/24/00  
Date

**ARTICLE VI DIRECTOR(S)/OFFICER(S)**

The name(s) and address(es) of the director(s)/officer(s) to these Articles of Incorporation are:

CHRISTINA AVILA (P/V/S/T/D)  
8390 N.W. 103rd ST  
HIALEAH GARDENS, FL 33016

Having been named as registered and to accept service of process for the above started 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.

*Christina Avila*  
Signature of Registered Agent

7/24/00  
Date

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