

P000000090009  
TRANSMITTAL LETTER

Department of State  
Division of Corporation  
PO BOX 6327  
Tallahassee, FL 32314

200003402232--5  
-09/25/00--01018--028  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT: South Dade Healthcare Billing Group Corporation**

Enclosed is an original and two (2) copies of the articles of incorporation and a check for \$87.50 to cover the filing fee, Certified Copy and Certificate.

**FROM: Express Data Processing Corp.**  
960 SW 138th Place  
Miami, FL 33184  
Telephone: (305) 227-2441

**FILED**  
00 SEP 25 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W-19827

kr  
9/25



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 10, 2000

EXPRESS DATA PROCESSING CORP.  
960 SW 138TH PLACE  
MIAMI, FL 33184

SUBJECT: SOUTH DADE HEALTHCARE BILLING GROUP CORPORATION  
Ref. Number: W00000019827

We have received your document for SOUTH DADE HEALTHCARE BILLING GROUP CORPORATION. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 487-6924.

Kimberly Rolfe  
Corporate Specialist Supervisor

Letter Number: 500A00043322

## **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:

South Dade Healthcare Billing Group Corporation

### **ARTICLE II PRINCIPAL OFFICE**

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

South Dade Healthcare Billing Group Corporation  
8727 SW 4th Lane  
Miami, FL 33174

### **ARTICLE III SHARES**

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

500 shares of common stock

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Express Data Processing Corp.  
960 SW 138th Place  
Miami, FL 33184

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TALLAHASSEE, FLORIDA

## **ARTICLE V INCORPORATOR(S)**

The name and street address of the incorporator to these Articles of Incorporation is:

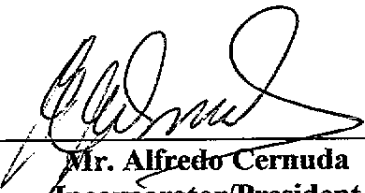
Mr. Alfredo Cernuda  
8727 SW 4th Lane  
Miami, FL 33174

## **ARTICLE VI CORPORATE PURPOSE**

The purpose of this corporation will be to provide billing services.

The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

The undersigned incorporator have executed these Articles of Incorporation this 2nd Day of August, 2000.

  
\_\_\_\_\_  
Mr. Alfredo Cernuda  
Incorporator/President

**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:**

**South Dade Healthcare Billing Group Corporation**

**The name and address of the registered agent and office is:**

**Express Data Processing Corp.  
960 SW 138th Place  
Miami, FL 33184**

*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 obligation of my position as registered agent.*

R. Ortiz  
Signature

08/04/00  
Date

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TALLAHASSEE, FLORIDA