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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Elite Medical Billing & Collection, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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:

Elite Medical Billing & Collection, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Elite Medical Billing & Collection, Inc.
5507 SOUTH CONGRESS AVENUE - SUITE 130
ATLANTIS, FL 33462

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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:

ANDREW READE
5246 FOUNTAINS DRIVE SOUTH
LAKE WORTH, FL 33467

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

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ARTICLES V INCORPORATOR(S)

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

**ANDREW READE
5246 FOUNTAINS DRIVE SOUTH
LAKE WORTH, FL 33467**

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

16th day of Nov. 2000.

A handwritten signature in black ink, appearing to be 'Andrew Reade', written over a horizontal line.

**ANDREW READE
SIGNATURE**

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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.

1. The name of the corporation is: **Elite Medical Billing & Collection, Inc.**

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

ANDREW READE

Name

5246 FOUNTAINS DRIVE SOUTH

(P.O. Box or Mail Drop Box NOT Acceptable)

LAKE WORTH, FL 33467

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



ANDREW READE
SIGNATURE

Nov. 16, 00

(Date)

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