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ARTICLES OF INCORPORATION FOR ARZEE MEDICAL BILLING SERVICES 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:

ARZEE MEDICAL BILLING SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 4060 MIAMI, FL 33152-4060

ARTICLE III NATURE

This corporation may engage in or transact any all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE IV CAPITAL STOCK

The maximum number shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE V TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE VI INITIAL OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MARIA A. ESTEVEZ (P)
RYKMA C. BALDOWSKI-GOHAISH (V)
P.O. BOX 4060
MIAMI, FL 33152-4060

ARTICLE VII INCORPORATOR(S)

The name(s) and address(es) of the Incorporator(s) to the Article of Incorporation are:

MARIA A. ESTEVEZ RYKMA C. BALDOWSKI-GOHAISH P.O. BOX 4060 MIAMI, FL 33152

Signature of Incorporator

-/ I / 17 /00 Date

Signature of Incorporator

17/00 Date

ARTICLE VIII REGISTERED AGENT

The name and address of the Registered Agent to these Articles of Incorporation are:

MARIA A. ESTEVEZ 6255 S.W. 129 PL. #2207 MIAMI, FL 33183

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 an 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.

Signature of Registered Agent

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