(Requestor's Name) 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Pick up time ______ Certified Copy Walk in Certificate of Status Photocopy Will wait Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other **REGISTRATION** OTHER FILNGS **OUALIFICATION** Annual Report Foreign **Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark Examiner's Initials Other

ARTICLES OF INCORPORATION

The undersigned incorporator(s), 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: BILLMED BILLING SERVICES INC

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SECRETARY OF STAT

ARTICLE II PRINCIPAL OFFICE

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

3190 S.W 73 AVENUE ROAD MIAMI, FL 33155

ARTICLE III SHARES

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

Ten shares @ \$100.00 par value

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida address of the initial registered agent is:

RAQUEL LLORENTE 3190 S.W 73 AVENUE ROAD MIAMI, FL 33155

ARTICLE V INCORPORATOR(S)

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

RAQUEL LLORENTE (President) 3190 S.W 73 AVENUE ROAD MIAMI, FL 33155

Signature Incorporator

Date

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.

Signature / Registered Agent

Date