

Division of Corporations

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 266-4080
Fax Number : (305) 264-0232

FLORIDA PROFIT CORPORATION OR P.A.

XTREME MEDICAL BILLING, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be XTREME MEDICAL BILLING, CORP.

ARTICLE II

PRINCIPAL OFFICE

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

707 N.W. 132 CT.
MIAMI, FL. 33182

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ~~1~~COMMON SHARES. ~~2~~

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DULCE ALFONSO
707 N.W. 132 CT.
MIAMI, FL. 33182

Prepared by: DULCE ALFONSO
707 N.W. 132 CT.
MIAMI, FL. 33182
305 4851516

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ARTICLE V
INCORPORATOR(S)

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

DULCE ALFONSO
707 N.W. 132 CT.
MIAMI, FL. 33182

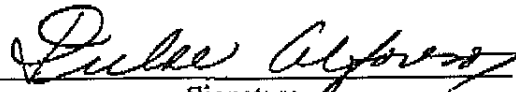
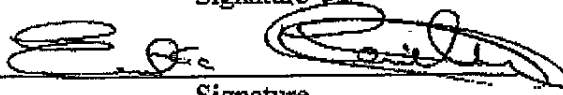
DIRECTOR & PRESIDENT

ERIKA CARRILLO
707 N.W. 132 CT.
MIAMI, FL. 33182

DIRECTOR & VICE PRESIDENT
& SECRETARY

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

16 day of *02*, 20 *01*


Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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: XTREME MEDICAL BILLING, CORP.

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

DULCE ALFONSO
707 N.W. 132 CT.
MIAMI, FL. 33182

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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)

(DATE) 02/16/01

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