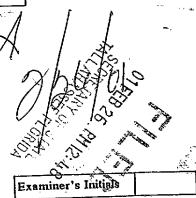
# 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Pick up time 2.00 Certified Copy Certificate of Status Will wait Photocopy Mail out ÄÄÄENDÄÄENTC NEW FILINGS

$\geq$	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMEN15
Amendment
 Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
 Foreign
Limited Partnership
Reinstatement
Trademark .
Other



### **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:

SABIN MEDICAL BILLING, INC.

01FEB 26 PM 12: 48
SECRETARY OF STATE
TAIL AHASSEE FLORIDA

## **ARTICLE II-PRINCIPAL OFFICE**

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

16621 NW 70<sup>TH</sup> AVENUE MIAMI LAKES, FL 33014

#### **ARTICLE III-SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 % 1.00

## ARTICLES IV-INITIAL REGISTRED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA LISA SABIN 16621 NW 70<sup>TH</sup> AVENUE MIAMI LAKES, FL 33014

#### ARTICLE V-INCORPORATION

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

MARIA LISA SABIN 16621 NW 70<sup>TH</sup> AVENUE MIAMI LAKES, FL 33014

The undersigned incorporator has executed these Articles of Incorporation this 23 day of Ebruary, 2001.

Signature

#### **ARTICLE VI-DIRECTOR(S)**

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

MARIA LISA SABIN (P) 16621 NW 70<sup>TH</sup> AVENUE MIAMI LAKES, FL 33014

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature