# RUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Address) MÌAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): ESS MEDICAL BILLING SERVICES, CORP 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Rick up time 2.60 Certified Copy Certificate of Status Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawai Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Éoreign **Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 12, 2001

**LAZARUS** 

MIAMI, FL

SUBJECT: EXPRESS MEDICAL BILLING SERVICES, CORP.

Ref. Number: W01000008368

We have received your document for EXPRESS MEDICAL BILLING SERVICES, CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 801A000219

2001 APR 16 PM 2: 33

### 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:

EXPRESS MEDICAL BILLING CENTER, CORP.

# O1 APR 16 PH 3: 16 SECRETARY OF STATE TALLAHASSEE FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

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

3710 EAST 2<sup>ND</sup> AVENUE HIALEAH, FL 33013

#### **ARTICLES III SHARES:**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five Hundred (500) of One dollar(s)(\$1.00)

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eda Felix 385 West 49<sup>th</sup> Street Hialeah, Florida 33012

# ARTICLE V INCORPORATORS(S)

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

REBECA MARTINEZ 3710 EAST  $2^{ND}$  AVENUE HIALEAH, FL 33013

ARTICLE VI(DIRECTORS)

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

REBECA MARTINEZ – PRESIDENT EZEQUIEL PEREZ- VICE PRESIDENT 3710 EAST 2<sup>ND</sup> AVENUE HIALEAH, FLORIDA 33013

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 10 days of April, 2001.

SIGNATURE

SIGNATURE

SIGNATURE

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.501, Florida Status, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

- 1. The name of the corporation is: Express Medical Billing Center, Corp.
- 2. The name and address of the registered agent and office is:

Eda Felix 385 West 49<sup>th</sup> Street Hialeah, Florida 33012

HAVING BEEN NAME 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