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### Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

#### Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)266-4080 Fax Number : (305)264-0232 01 MAY 22 PM 12: 09

### FLORIDA PROFIT CORPORATION OR P.A.

PRO-MED BILLING, INC.

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

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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

The name of the corporation shall be PRO-MED BILLING, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

486 N.E. 29 TERR # 1-G MIAMI, FL. 33137

#### 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 \*COMMON SHARES.

#### ARTICLE IV

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ERIKA CARRILLO 486 N.E. 29 TERR # 1-G MIAMI, FL. 33137

Prepared by: ERIKA CARRILLO 486 N.E. 29 TERR # 1-G MIAMI, FL. 33137

(305) 438-1781

DIVISION OF CORPORATIONS

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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):

ERIKA CARRILLO 486 N.E. 29 TERR # 1-G MIAMI, FL. 33137 **DIRECTOR & PRESIDENT** 

The undersigned incor	porator(s) has(have) executed these Articles of Incorporation	n this
<u> </u>	20 <u>9</u> ,20 <u>9</u> .	
	Signature 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: PRO-MED BILLING, INC.
- 2. The name and address of the registered agent and office is:

ERIKA CARRILLO 486 N.E. 29 TERR # 1-G MIAMI, FL. 33137 SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

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)

*5/21/0,* (DATE)