

P0100114529

OFFICE USE ONLY

SEARZUS

SEARZUS CORPORATE FILING SERVICE, INC.
(Requestor's Name)

320 S.W. 87th AVENUE
(Address)

MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

FILED
 01 DEC -4 PM 1:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. A-PLUS MEDICAL BILLING SERVICE
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in
 Pick up time 2:00
 Certified Copy
- Mail out
 Will wait
 Photocopy
 Certificate of Status

RECEIVED
 01 DEC -4 AM 10:44
 DEPARTMENT OF STATE
 DIVISION OF CORPORATE AFFAIRS
 TALLAHASSEE, FLORIDA

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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 -12/04/01--01058--012
 *****78.75 *****78.75

Examiner's Initials

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:

A-Plus Medical Billing Services INC.

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ARTICLE II - PRINCIPAL OFFICE

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

4050 SW 4 st Miami Fl 33134

ARTICLE III - SHARES

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

500

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:


Adacha Bencomo
141 W 35 st Hialeah Fl 33012

ARTICLE V - INCORPORATOR

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

ADACHA BENCOMO
141 W 35 st Hialeah Fl 33012

The undersigned incorporator has executed these Articles of Incorporation this 3 day of December 2001



Signature

ARTICLE VI- DIRECTOR(S)

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

ADACHA BENCOMO
141 W 35 st Hialeah Fl 33012

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

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