(Requestor's Name) 320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 200 Certified Copy Will wait Photocopy Certificate of Status Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other OTHER FILINGS DÔALIFIC Annual Report Foreign Fictitious Name/ Limitèd Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(9/92)

17.7

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.



ARTICLE II - PRINCIPAL OFFICE

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

4050 SW 4 st Miami F1 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 F1 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 ______ day of __December_____ 20_+___

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 F1 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

CRETARY OF STATE