

P02 000 000646

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FL 32314
01 DEC 31 AM 10:15

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

500004745715--0
-12/31/01--01038--004
***122.50 ***78.75

SUBJECT: Premium Medical Billing Services, Inc.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of
incorporation and our check for \$ 122.50

FROM: Premium Medical Billing Services, Inc.

Name (printed or typed)

51 SW 67 Avenue

Address

Miami, Fl. 33144

City, State & Zip Code

(786) 388-9644

Telephone Number

Note: Please provide the original and one copy of the Articles.

F. CHESSER JAN 3 2001

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
01 DEC 31 AM 10:15

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:

Premium Medical Billing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

51 SW 67 Ave.
Miami, Fl. 33144

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marisol Ruiz
17400 NW 68 Ave. #117
Miami, Fl. 33015

ARTICLE V INCORPORATOR(S)

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

Marisol Ruiz
17400 NW 68 Ave. #117
Miami, Fl. 33015

President / Secretary

Julio Ruiz
17400 NW 68 Ave. #117
Miami, Fl. 33015

Vice-President

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 07 day of DECEMBER 2008

Marisol Ruiz
Signature
Julio Ruiz
Signature

Signature

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 31 AM 10:15

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is Premium Medical Billing Services, Inc.

51 SW 67 Ave.
Miami, Fl. 33144

The name and address of the registered agent and office is:

Marisol Ruiz

(Name)

17400 NW 68 Ave. #117

(P.O. Box or Mail Drop NOT acceptable)

Miami, Fl. 33015

(City/State/Zip)

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.

Marisol Ruiz
(SIGNATURE)

DEC. 07, 2001
(DATE)