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| TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) | 44444410 10 4444410 10 10 |
| | OFFICE USE ONLY |
| 1. RAND I MEDICAL B (Corporation Name) (Corporation Name) | BER(S) (if known): (Document #) (Document #) |
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| (Corporation Name) Walk in Rick up time 2,06 | (Document #) Certified Copy Certificate of Status Certificate of Status |
| NEW FILINGS AMENDME | INTS |
| Profit Amendment NonProfit Resignation of R. Limited Liability Change of Registe Domestication Dissolution/Withday Other Merger | - |
| OTTIER FILNGS Annual Report Fictitious Name Name Reservation REGISTRATION QUALIFICATION Foreign Limited Partnersh Reinstatement Trademark Other | |

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: R and I Medical Billing, Inc.

ARTICLE II PRINCIPAL OFFICE

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

13285 NW 11th Terrace Miami, Florida 33182

ARTICLE III SHARES

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

600 Shares Common Stock at \$1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rita Garcia 13285 SW 11th Terrace Miami, Florida 33182

ARTICLE V INCORPORATOR(S)

| Incorporation is (a | street a are): | adress(es) | of the incorpora | tor(s) to these Articles o | of | - |
|---------------------|-------------------|-------------|------------------|--|--------------|-----------|
| Rita Garcia | | | PRESIDENT | 13285 SW 11 th Terrac Miami, Florida 33182 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| The undersigned in | corpora | ator(s) has | (have) executed | these Articles of incorp | oration this | |
| | 16 | day of_ | JDNUAR | / | 2002 | |
| | · | | lia le | Pani. | | |
| | | | Signature | | | |
| | - <u>-</u> - | | Signature | - Ti | <u></u> | |
| | | <u> </u> | Signature | | <u></u> | |

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT / REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

| <u>1.</u> | The | name | of | the | corporation | is: |
|-----------|-----|------|----|-----|-------------|-----|
|-----------|-----|------|----|-----|-------------|-----|

R AND I MEDICAL BILLING, INC.

| The name and address of the registered agent and office is: |
|---|
| RITA GARCIA |
| (Name) |
| 13285 SW 11 TH TERRACE |
| (P.O. BOX not acceptable) |
| MIAMI,FLORIDA 33182 |
| City/State/Zip) |
| laving been named as registered agent and to accept service of process for the above tated corporation at the place designated in this certificate, I hereby accept the proposition as registered agent and agree to act in this capacity. I further agree of omply with the provisions of all statutes relating to the proper and complete performance in my duties, and I am familiar with and accept the obligations of one osition as registered agent. |
| Signature) (Date) |

DIVISION OF CORPORATIONS, P.O.BOX 6327, TALLAHASSEE, FL. 32314