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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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	OFFICE USE ONLY
CORPORATION NAME(S) & I	OCUMENT NUMBER(S) (if known):
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Dissolution/Withdrawal Merger REGISTRATION
1	
OTHER FILINGS	
Annual Report	QUALIFICATION () () () () () () () ()
Fictitious Name	Foreign
Name Reservation	Limited Fartnership
	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:

EMC Medical Billing, Inc.



ARTICLE II - PRINCIPAL OFFICE

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

8921 SW 176 Street Miami, FL 33157

ARTICLE III -SHARES

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

1000 stocks

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Cristina Arrazola 12351 SW 97 Terr' Miami, FL 33186

ARTICLE V - INCORPORATOR

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

Maria Cristina Arrazola 12351 SW 97 Terr Miami, F1 33186

The undersigned incorporator has executed these Articles of Incorporation this $\frac{18}{2000}$ day of $\frac{\text{March}}{20000}$

Signature

ARTICLE VI- DIRECTOR(S)

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

Maria Cristina Arrazola 12351 SW 97 Terr Miamir FL 33186

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