PODOLOGIZ578

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee & Certified Copy **X** \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

6235 Lake Charm Circle

Oviedo FL 32765 City, State & Zip

407-365-9561 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I NAME The name of the corporation shall be: Leemedical Billing Inc.			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: (e 235 La Ke Charm Circle Ovied 17L 32765	<u></u>		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: I am 90009 to provide administrative 5 Practices and medical pratices	upport for Z	Indi	vidua
ARTICLE IV SHARES The number of shares of stock is: 100			
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):			
		02 JUN -5	SECRETARY ALLAHASSE
ARTICLE VI REGISTERED AGENT			무유
The name and Florida street address of the registered agent is: Catherine (Christy) lee 6235 Lake Charm Circle Oviedo, FL 32765		AM 10: 52	STATE
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is: Catherine Christy Let 6235 Laktenarmeirole Oviedo, FL32765 ************************************			
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Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to		ignated	in this
Catherine C. Leo	(0-2-02		
Signature/Registered Agent Catherine C. Lee	Date		-
Cathern Chen	(-2-02		
Signature/Incorporator	Date		
Catherine C. Lee			