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To:

Division of Corporations
Fax Number : (850)205-0381

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DIVISION OF CORPORATIONS
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FLORIDA PROFIT CORPORATION OR P.A.

advanced medical billing associates inc.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

of

Advanced Medical Billing Associates Inc.

ARTICLE I - CORPORATE NAME & ADDRESS

The name and address of the corporation is:

Advanced Medical Billing Associates Inc
1336 Seagrape Circle
Weston, FL 33326

ARTICLE II - DURATION

The corporation shall have perpetual existence.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue ten thousand (10,000) shares of One Dollar (\$1.00) par value common stock.

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

CEC Corporation 954-928-1663
4817 NE 23rd Avenue
Fort Lauderdale, FL 33308

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ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is

**1336 Seagrape Circle
Weston, FL 33326**

and the name of the initial registered agent of this corporation at that address is
Teresa Terrell

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 2 directors initially. The number of Directors may be either increased or diminished from time to time by the Bylaws but shall never be less than 1. The name and address of the initial Directors of this corporation is:

Name: Teresa Terrell

**Address: 1336 Seagrape Circle
Weston, FL 33326**

**Name: Rubia Ruiz
9416 SW 52nd Place**

Address: Cooper City, FL 33328

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles is:

**Teresa Terrell
1336 Seagrape Circle
Weston, FL 33326**

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 24 day of Sept. 2002.



President

**CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OR PROCESS WITHIN THIS STATE.
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

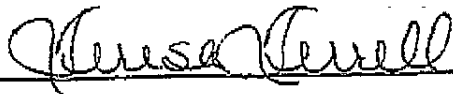
In pursuance of Chapter 607.34 of the Florida Statutes, the following is submitted, in compliance with said act:

First that Advanced Medical Billing Associates Inc.
desiring to organize under the laws of the State of Florida with its principle office, as
indicated in the Articles of Incorporation at the City of Weston
County of Broward State of Florida has named Teresa Terrell
located at 1336 Seagrape Circle, Weston, FL 33326
County of Broward, State of Florida, as its agent to accept service of
process within the state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at the
place designated in this certificate, I hereby accept to act in this capacity, and agree to
comply with the provisions of the said Act relative to keeping open said office.

By: _____



Registered Agent

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STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, a Notary Public authorized to take acknowledgments in the state and county set forth above, personally appeared Teresa Terrell known to me and known by me to be the person who executed the foregoing Articles of Incorporation, or who has produced identification as shown below and did take an oath and who acknowledged his/her execution of the foregoing Articles of Incorporation to be his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, in the state and county aforesaid, this 24th day of September 2002.


Notary Public

State of Florida at L



Notary Check One:

☒ Person signing document personally known to me.

() Person signing document provided the following form of identification:

Type: _____

Serial No.: _____

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