

# PO2000105213

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H02000205724 6)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**E & M MEDICAL BILLING CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03 (4)
Estimated Charge	\$78.75

FILED  
02 SEP 30 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6M 10/1

FILED  
02 SEP 30 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

OF

E & M MEDICAL BILLING CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: E & M MEDICAL BILLING CORP.

The principal place of business of this corporation shall be:  
1751 W. 38 PL. # 1003-A  
Hialeah, FL 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

REYNALDO ORTEGA                      DIRECTOR  
3602 SW. 166 AVE.  
Miramar, Fl. 33027

SULEIDY PEREZ                      DIRECTOR  
70 E. 36 ST.  
Hialeah, Fl. 33013

ARTICLE VI INCORPORATOR(S)

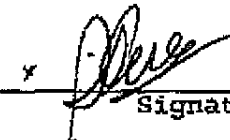
The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

REYNALDO ORTEGA                      PRESIDENT AND TREASURER ( 80 shares )  
3602 SW. 166 AVE.  
Miramar, Fl. 33027

SULEIDY PEREZ                      SECRETARY ( 20 shares )  
70 E. 36 ST.  
Hialeah, Fl. 33013

The undersigned has (have) executed these Article of Incorporation this 30 th. day of September, 2002.

✓  President  
\_\_\_\_\_  
Signature/Title

x  Secretary  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

1. The name of the corporation is: \_\_\_\_\_

\_\_\_\_\_ E & M MEDICAL BILLING CORP. \_\_\_\_\_

2. The name and address of the registered agent and office

is \_\_\_\_\_ REYNALDO ORTEGA \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_ 3602 SW. 166 AVE. \_\_\_\_\_

\_\_\_\_\_  
(P. O. BOX NOT ACCEPTABLE)

\_\_\_\_\_ Miramar, FL 33027 \_\_\_\_\_

\_\_\_\_\_  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

9-30-2002

OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA

02 SEP 30 AM 8:46

FILED