

P02000120695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

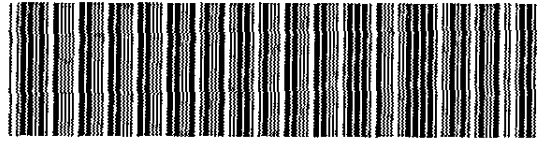
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/02--01018--009 **551.25

RECEIVED
02 DEC -6 AM 9:44
DIVISION OF CORPORATION

FILED
02 DEC -6 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

me 12/6

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)

CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MEDICORP BILLING SOLUTIONS INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

02 DEC -6 PM 12: 39

ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEDICORP BILLING SOLUTIONS INC. EFFECT: 1-1-03

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16700 NW 55 AVE. # 14
MIAMI , FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CHRISTINA AVILA (P)
JUAN CARLOS CORDERO (V)
16700 NW 55 AVE. # 14
MIAMI , FL 33055

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

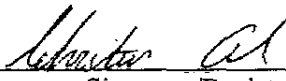
CHRISTINA AVILA
16700 NW 55 AVE. # 14
MIAMI , FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTINA AVILA
16700 NW 55 AVE. # 14
MIAMI , FL 33055

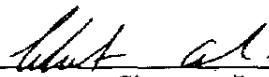
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12-05-02

Date



Signature/Incorporator

12-05-02

Date