

P03000004751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

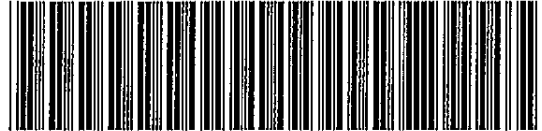
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000009869190

01/14/03--01042--011 \*\*78.75

RECEIVED  
03 JAN 14 AM 10:31  
DIVISION OF CORPORATION

FILED  
03 JAN 14 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓✓

my 1/14/03

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE: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. MED PROFESSIONAL BILLING, 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

FILED

03 JAN 14 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

##### ARTICLE I NAME

The name of the corporation shall be:

MED PROFESSIONAL BILLING, INC.

##### ARTICLE II PRINCIPAL OFFICE

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

1021 Oriole Avenue  
Miami Springs, Fl 33166

##### ARTICLE III SHARES

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

100 shares \$1.00 each

##### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Carmen S-Lopez  
1021 Oriole Avenue  
Miami Springs, Fl 33166

##### ARTICLE V BOARD OF DIRECTORS

Carmen S-Lopez - President (100%Shares)  
1021 Oriole Avenue  
Miami Springs, Fl 33166

ARTICLE VI INCORPORATOR

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

Carmen S-Lopez  
1021 Oriole Avenue  
Miami Springs, Fl 33166

Carmen S-Lopez  
Signature/Incorporator

1-10-03  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carmen S-Lopez  
Signature/Registered Agent

1-10-03  
Date

FILED  
03 JAN 14 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA