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| CORPORATION NAME(s) & DOCU | UMENT NUMBER(S) (if known): |
| 1. SOUTH FLORIDI | 9 MEDICAL BILLING, INC. |
| 2. | |
| (Corporation Name) | (Document #) |
| (Corporation Name) | (Document #) |
| 4. (Corporation Name) | (Document #) |
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| NEW FILINGS | AMENDMENTS |
| Profit | Amendment |
| NonProfit | Resignation of R.A., Officer/Director |
| . Limited Liability | Change of Registered Agent |
| Domestication | Dissolution/Withdrawal |
| Other | Merger |
| OTHER FILNGS | REGISTRATION/ |
| Annual Report | QUALIFICATION |
| Fictitious Name —— | Foreign |
| Name Reservation | Limited Partnership |
| ├ | Reinstatement |
| <u> </u> | Trademark |
| CD35031(0/02) | Other Examiner's Initials |

ARTICLES OF INCORPORATION

ED

03 JAN 27 PM 2: 49

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) TALLAHASSEE, FLORIDA the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

South Florida medical Billing, Inc.

ARTICLE II ~ PRINCIPAL OFFICE

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

8009 NW 36 5+ Suite 224 Miami 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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

maria Teresa mendoza 200 N 69th AVE Hollywood FL 33024

ELED

03 JAN 27 PM 2: 49

ARTICLE V - INCORPORATOR

SELVE MANY OF STATE JALLAHASSEE, FLORIDA

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

maria. Teresa mendoza - 200 N 69th Ave Holliwood FL 330211

ARTICLE VI- DIRECTOR(S)

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

maria Teresa mendoza - President

Arleny Barruelo - Vice - President
8009 NW 365+
Suite 224

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

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

L 11 (m-10doza)
Registered Agent Signature