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ULTIMATE MEDICAL BILLING 3054489146

P. 1

Division of Corporations

Page 1 of 2

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To:

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

From:

Account Name : ULTIMATE MEDICAL BILLING, INC.
Account Number : I20030000011
Phone : (305) 448-7675
Fax Number : (305) 448-9146

03 MAR 14 AM 8:41
RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

HARRIS & ASSTS, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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ULTIMATE MEDICAL BILLING 3054489146

p.2

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ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

HARRIS & ASSTS, INC.

ARTICLE II - PRINCIPAL OFFICE

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

585 SW 22 Avenue
Miami, FL 33135

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:

GLADYS B. BULNES
3135 SW 102 PLACE
MIAMI, FL 33165

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ARTICLE V - INCORPORATOR

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

GLADYS B. BULNES
3135 SW 102 Place
Miami, FL 33165

The undersigned incorporator has executed these Articles of Incorporation this 13 day of March 2003



Signature

ARTICLE VI- DIRECTOR(S)

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

GLADYS B. BULNES
3135 SW 102 Place
Miami, FL 33165

PRESIDENT

RONALD HARRIS, MD
17731 NW 28th Court
Opa Locka, FL 33056

VICE PRESIDENT

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.



Registered Agent Signature

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