

Apr 08 03 10:17a  
Division of Corporations

ULTIMATE MEDICAL BILLING 3054489146

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Florida Department of State  
Division of Corporations  
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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

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2003 APR -8 AM 10:00  
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FLORIDA PROFIT CORPORATION OR P.A.

STATE INSURANCE COMPANY Group

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 8, 2003

ULTIMATE MEDICAL BILLING INC

SUBJECT: STATE INSURANCE COMPANY  
REF: W03000009824

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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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STATE INSURANCE COMPANY GROUP

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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

STATE INSURANCE COMPANY GROUP

#### ARTICLE II-PRINCIPAL OFFICE

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

615 WEST PARK DRIVE, # 205  
MIAMI, FL 33172

#### 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 R. PAZ  
615 WEST PARK DRIVE, APT 205  
MIAMI, FL 33172

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ULTIMATE MEDICAL BILLING 3054489146

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**ARTICLE V - INCORPORATOR**

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

MARIA R. PAZ  
615 WEST PARK DRIVE, APT 205  
MIAMI, FL 33172

The undersigned incorporator has executed these Articles of Incorporation this 7<sup>th</sup> day of APRIL, 2003.

  
Signature

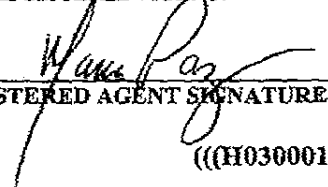
**ARTICLE VI - DIRECTOR(S)**

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

MARIA R. PAZ                                      PRESIDENT  
615 WEST PARK DRIVE, APT 205  
MIAMI, FL 33172

**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 COMPLETED 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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