# Po3000065985

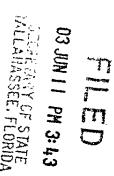
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900020528289

06/11/03--01029--016 \*\*87.50



Vy dido

# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: A €	A MEdiCAL	Billing Conf.		
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  Enclosed please find the following articles of corporation for:  ### Ledical Billing Conf., please send them back to				
us as soon as the articles are filed.				
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: KRISMAR INT'L INC.  Name (Printed or typed)  3500 S.W. 104 AVE  Address  MIAMI, FL 33165				
City, State & Zip				
305-221-6397				

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

# ARTICLES OF INCORPORATION

FILED

03 JUNII PM 3: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE I

# <u>NAME</u>

THE NAME OF THIS CORPORATION IS -- A & A MEDICAL BILLING CORP.

and the mailing address is 4343 WEST FLAGLER STREET # 210, Miami,

Florida 33134.

#### ARTICLE II

## **DURATION**

This corporation shall have a perpetual existence, unless sooner Dissolved by law.

#### ARTICLE III

#### **PURPOSE**

This Corporation is organized for the purpose of the transacting any or all Business for which corporation may be incorporated under the Florida General Corporation Act.

#### ARTICLE IV

## CAPITAL STOCK

Shares of no par value common stock, which shall be designated as "common shares"

Every shareholder, upon the sale for cash of any new stock of The corporation of the same kind, class or series as that which he Already holds, shall have the right to purchase his prorate share (s)

Thereof (as nearly as may be done without issuance of Practitioner shares)

This corporation is authorized to issue 500 hundred (500)

#### ARTICLE V

## INITIAL REGISTERED OFFICE & AGENT

The street address of the initial registered office of this Corporation is 4343 WEST FLAGLER STREET # 210, Miami Florida 33134.

And the name of the initial registered agent of this corporation at that address is Aneiter Horta.

#### ARTICLE VI

# INITIAL BOARD OF DIRECTOR (S)

This Corporation shall have (One) directors initially. The number of director (s) may be either increased or Decreased from time to time by the by - laws, But shall never be Less than one. The name (s) and address (es) of the initial Director (s) of this corporation is/are:

Aneiter Horta

4343 WEST FLAGLER STREET # 210

Miami, Florida 33134

## ARTICLE VII

#### INDEMNIFICATION

This corporation Shall indemnify any officer or directors or any former Officers or directors, to the fullest extent permitted by law.

#### ARTICLE VIII

#### **OFFICERS**

The officers of this corporation shall be as follows:

ANEITER HORTA

President, Vice President, Treasurer Secretary

#### ARTICLE IX

# INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Articles
Of incorporation is/are as follows:

#### **ANEITER HORTA**

4343 WEST FLAGLER STREET # 210

Miami, Florida 33134

The undersigned incorporator (s) has/have executed these Articles of Incorporation on this  $5^{th}$  day of June, 2003.

Jeen S

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM MAY BE SERVED.

In pursuance of Chapter 48.091 Florida Status, the following is Submitted, in compliance with said act:

First -- A & A MEDICAL BILLING CORP.

Desiring to organize under the laws of the State of Florida with its

Principal office at 4343 WEST FLAGLER STREET #210, Miami, Florida

County of Miami-Dade, State of Florida, has named ANEITER HORTA

Located at 4343 WEST FLAGLER STREET # 210, Miami, Florida,

City of Miami, County of Miami-Dade - State of Florida, as its agent to

accept service Of process within this state. Having been named to accept

service of Process of the above stated corporation, at the place designated in

This Certificate, I hereby accept to act in this capacity, and agree to comply

With the provision of said Act relative to keeping open said office.

By:

O3 JUN I PH 3: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA )

COUNTY OF MIAMI-DADE )

Before me, Notary public authorized to take acknowledgements in the State and county set forth above personally appeared ANEITER HORTA Known by me to be the person who executed the foregoing Articles of incorporation, and he/she acknowledged before me that He/she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed Official seal, in the state and county aforesaid this 5th day of June, 2003.

My commission expires:

RAQUEL LOPEZ

NOTARY
PUBLIC
PU