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From:  
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (305) 672-0686  
Fax Number : (305) 672-9110

**ChiroMed Billing Services, Inc.**

Certificate of Status	1
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## ARTICLES OF INCORPORATION

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### Article I. Name

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The name of this Florida corporation is:  
ChiroMed Billing Services, Inc.

### Article II. Address

The Corporation's mailing address is:  
ChiroMed Billing Services, Inc.  
965 Oak Circle  
Palm Harbor FL 34683

### Article III. Registered Agent

The name and address of the Corporation's registered agent is:  
Gina Zinna  
965 Oak Circle  
Palm Harbor FL 34683

### Article IV. Board of Directors

The name of each member of the Corporation's Board of Directors is:  
Gina Zinna

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by applicable law.

Corporate Creations International Inc.  
941 Fourth Street  
Miami Beach FL 33139  
(561) 694-8107

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Article V. Capital Stock

The Corporation shall have the authority to issue 2,000 shares of common stock, par value \$.01 per share.

Article VI. Incorporator

The name and address of the incorporator is:

Corporate Creations International Inc.  
941 Fourth Street  
Miami Beach FL 33139

Article VII. Corporate Existence

These Articles of Incorporation shall become effective and the corporate existence will begin on June 16, 2003.

The undersigned incorporator executed these Articles of Incorporation on June 16, 2003.



CORPORATE CREATIONS INTERNATIONAL INC.

Kara Rosa Vice President  
by D. Stoutt as attorney-in-fact

Corporate Creations International Inc.  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/OFFICE**

**CORPORATION:**

**ChiroMed Billing Services, Inc.**

**REGISTERED AGENT/OFFICE:**

**Gina Zinna  
965 Oak Circle  
Palm Harbor Fl 34683**

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.



**GINA ZINNA**  
by D. Stoutt as attorney-in-fact

**Date: June 16, 2003**

**Corporate Creations International Inc.  
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