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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 : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**  
**ONE STOP MEDICAL BILLING, INC.**

Certificate of Status	0
Certified Copy	1
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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CERTIFICATE OF INCORPORATION  
OF  
ONE STOP MEDICAL BILLING, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: ONE STOP MEDICAL BILLING, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be to have all powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of one hundred (100) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than one thousand (\$1,000.00) Dollars.

5. The principal office of this corporation shall be at 3140 West 84 Street, Unit 4, Hialeah, Florida 33018.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
1. SABRINA ESCOBAR	President	3140 W. 84 St., #4 Hialeah, Florida 33018
2. HILDA MASOOD	Vice-President	3140 W. 84 St., #4 Hialeah, Florida 33018

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than one thousand (\$1,000.00) Dollars are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
1. SABRINA ESCOBAR	50	\$500.00
2. HILDA MASOOD	50	\$500.00

8. SABRINA ESCOBAR, whose address is 3140 West 84 Street, Unit

This Document prepared by:  
Daniel M. Keil, P.A.  
3165 West 4th Avenue  
Hialeah, Florida 33012  
Telephone No. (305) 883-6600  
Florida Bar No. 181663

4, Hialeah, Florida 33018, is hereby designated as the Registered Agent for the corporation.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 3 day of September, 2003, for the uses and purposes aforesaid.


  
SABRINA ESCOBAR

  
HILDA MASOOD

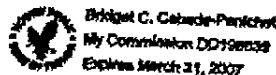
STATE OF FLORIDA    }  
                              }    SS.  
COUNTY OF DADE     }

BEFORE ME, the undersigned authority, personally appeared SABRINA ESCOBAR AND HILDA MASOOD, Subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 3 day of September, 2003.

  
Notary Public, State of FL.

My Commission Expires:



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CERTIFICATE OF DESIGNATING PLACE OF BUSINESS, OFFICE OF STATE  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN LAHASSEE, FLORIDA  
FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the  
following is submitted:

ONE STOP MEDICAL BILLING, INC.

desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business at the City of Miami,  
State of Florida, has named SABRINA ESCOBAR located at 3140 West 84  
Street, Unit 4, Hialeah, Florida 33018, as its Agent to accept  
service of process within Florida.

  
SABRINA ESCOBAR, President

  
NELDA MASOOD, Vice-President

DATE

9-3-03

I HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY  
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIES.

  
SABRINA ESCOBAR  
REGISTERED AGENT

DATE

9-3-03

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