

Sep 05 03 09:46a

ULTIMATE MEDICAL BILLING

3052638700

P. 1

Division of Corporations

**P03000097452**

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) 263-9500  
Fax Number : (305) 263-8700

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**Wood Master Group, INC.**

Certificate of Status	0
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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

Wood Master Group, Inc.

### ARTICLE II-PRINCIPAL OFFICE

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

11315 SW 57<sup>th</sup> Street  
Miami, FL 33173

### 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:

Ruben Rosell  
11315 SW 57<sup>th</sup> Street  
Miami, FL 33173

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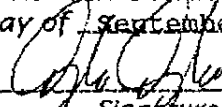
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ARTICLE V - INCORPORATOR

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

Ruben Rosell  
11315 SW 57 Street  
Miami, FL 33173

The undersigned incorporator has executed these Articles of Incorporation this 03 day of September 2003

  
\_\_\_\_\_  
Signature

ARTICLE VI - DIRECTOR(S)


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

Ruben Rosell  
11315 SW 57 Street  
Miami, FL 33173

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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