

Sep 26 07 01:12
Division of Corporations

ULTIMATE MEDICAL BILLING 3052638700

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

FLORIDA PROFIT CORPORATION OR P.A.

S.P. & SONS, INVESTMENT GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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TALLAHASSEE FLORIDA

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

S.P. & SONS, INVESTMENT GROUP, INC.

ARTICLE II-PRINCIPAL OFFICE

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

15709 NW 47TH AVENUE
Miami, FL 33054

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:

SERGIO PUENTES
15709 NW 47TH AVENUE
Miami, FL 33054

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V - INCORPORATOR

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

SERGIO PUENTES
15709 NW 47th Avenue
Miami, FL 33054

The undersigned incorporator has executed these Articles of Incorporation this 26 day of September 2003


Signature

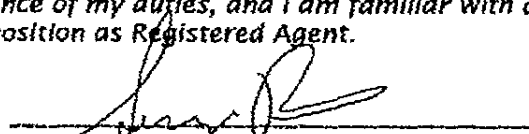
ARTICLE VI - DIRECTOR(S)

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

SERGIO PUENTES -PRESIDENT
15709 NW 47 Avenue
Miami, FL 33054

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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