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ULTIMATE MEDICAL BILLING 3052638700

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Division of Corporations

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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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

ST. JEROME TRANSLATIONS, INC.

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

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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

ST. JEROME TRANSLATIONS, INC.

### ARTICLE II-PRINCIPAL OFFICE

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

5838 COLLINS AVE, APT 2B  
MIAMI BEACH, FL 33140

### 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:

MARIA J. SALAZAR  
5838 COLLINS AVE, APT 2B  
MIAMI BEACH, FL 33140

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ARTICLE V - INCORPORATOR

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

MARIA J. SALAZAR  
5838 COLLINS AVE, APT 2B  
MIAMI BEACH, FL 33140

The undersigned incorporator has executed these Articles of Incorporation this 8th day of October 20 03

  
Signature

ARTICLE VI- DIRECTOR(S)

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

MARIA J. SALAZAR                      -PRESIDENT  
5838 COLLINS AVE, APT 2B  
MIAMI BEACH, FL 33140

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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