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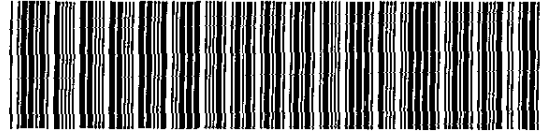
(Business Entity Name)

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**LAZARUS CORPORATE FILING SERVICE**

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**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TOTAL MED BILLING SERVICES, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Owner's Initials

## ARTICLES OF INCORPORATION

The undersigned incorporate(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I

#### NAME

The name of the corporation shall be:

**TOTAL MED BILLING SERVICES, INC.**

### ARTICLE II

#### PRINCIPAL OFFICE

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

**13040 SW 258 TERR  
HOMESTEAD, FL 33032**

### ARTICLE III

#### SHARES

The number of shares, which the corporation is authorized to issue and have outstanding at any time, is 1000 shares of common stock, and which common stock shall have a par of \$1.00 (one dollar) per share. All stock is to be issued fully paid and exempt from assessment.

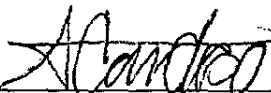
### ARTICLE IV

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said:

First That **TOTAL MED BILLING SERVICES, INC.** Desiring to organize under the laws of the State Florida with its principal office as indicated in the articles of incorporation at City of MIAMI County of MIAMI-DADE State of Florida had name **ALFREDO CARDOSO** of, **13040 SW 258 TERR HOMESTEAD , FL 33032** of its agent to accept service of process within this state. Having been named to accept service of process for the above state corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By:



**ALFREDO CARDOSO**  
Registered Agent

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**ARTICLE V**

**INCORPORATOR (S)**

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

ALFREDO CARDOSO	50% SHARES	13040 SW 258 TERR HOMESTEAD, FL 33032
ELIODORO CEBALLOS	50%SHARES	13040 SW 258 TERR HOMESTEAD, FL 33032

**ARTICLE VI**

**DIRECTOR (S)**

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

ALFREDO CARDOSO	P/D	13040 SW 258 TERR HOMESTEAD, FL 33032
ELIODORO CEBALLOS	V/P/S	13040 SW 258 TERR HOMESTEAD, FL 33032

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this 23TH  
Day of October 2003.

  
SIGNATURE

  
SIGNATURE