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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

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FLORIDA PROFIT CORPORATION OR P.A.

EASY CLAIMS MEDICAL BILLING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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12-9-03
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 5, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: EASY CLAIM MEDICAL BILLING, INC.
REF: W03000036727

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

An effective date may be added to the Articles of Incorporation if a 2004 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

FAX Aud. #: R03000328447
Letter Number: 703A00065512

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provision of the State of Florida providing for the formation, liability, rights, privileges and immunities of a corporation for profit.

Article I

The name of the corporation shall be:

Easy Claims Medical Billing, Inc.

Article II

The principal place of business address shall be:

7898 NW 174 Terr.
Miami, FL 33015

Article III

The purpose of forming this corporation is to engage in any activity of business permitted under the laws of the United States of America and the State of Florida.

Article IV

The maximum shares of stock, with a \$1.00 par value, that this Corporation is authorized to have outstanding at any time is FIVE HUNDRED (500).

Article V

The number of the Board of Directors of the Corporation shall not be less than one person. The name(s) and post office address(es) of the first Board of Directors, who subject to the provisions of the By-laws and the acts of legislature, shall hold office for the first year of the corporation's existence or until their successors are elected and shall be fully qualified, is/are:

Janier R. Guzman

7898 NW 174 Terr.
Miami, FL 33015

President
Secretary
Director

% Shares
100

FILED
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DIVISION OF CORPORATIONS
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Article VI

The name and address of the registered agent is:

Janier R. Guzman
7898 NW 174 Terr.
Miami, FL 33015

Article VII

The name and address of the Incorporator is:

JANIER R. GUZMAN
7080 NW 177 St.
Miami, FL 33015

We, the undersigned, being each and all of the original subscribers to the capital stock hereinabove named for the purpose of forming a corporation for profit to do business both within and without the State of Florida, do hereby make, subscribe and acknowledge and file this Certificate hereby declaring and certifying that the facts herein stated are true, and do respectively agree to abide by the Articles as herein stated.

Subscribed at Miami, Miami-Dade County, Florida, this 25th day of November, 2003


Janier R. Guzman

Acknowledgement

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I, Janier R. Guzman, am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Janier R. Guzman