

PO4000088164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

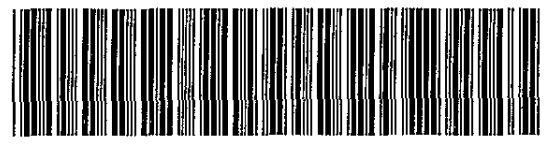
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -4 PM 2:36

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Medical Information and Billing, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Maria Fernandez

Name (Printed or typed)

8650 S.W. 159 Ct

Address

Miami, FL 33193

City, State & Zip

305 725-6199

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Medical Information and Billing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

8650 S.W. 159 Ct
Miami, FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing and Consulting

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Maria Fernandez (President)
8650 S.W. 159 Ct
Miami, FL 33193

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Maria Fernandez
8650 S.W. 159 Ct
Miami, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Fernandez
8650 S.W. 159 Ct Miami, FL 33193

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

Maria Fernandez
Signature/Registered Agent

6/1/04
Date

Maria Fernandez
Signature/Incorporator

6/1/04
Date

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SECRETARY OF STATE
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