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FILED 04 JUL 14 PM 1: 50 OFFICE USE ONLY (DOCUMENT # 3320 S.W. 87 AVENUE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Certified Copy: Pick up time Certificate of Status Mail out Will wait Photocopy * NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION QUALIFICATION: Annual Report Foreign

Limited Partnership

Examiner's Initials

Reinstatement

Trademark

Other

Fictitious Name

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ARTICLES OF INCORPORATION

04 JUL 14 PM 1:50

SECRETARY OF STATE
The undersigned incorporator(s), for the purpose of forming and and asset, FLORIDA 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: ADVANTAGE MED-BILLING SERVICES, INC.

ARTICLE II - PRINCIPAL OFFICE

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

PO BOX 226474 MIAMI, FLORIDA 33122-6474

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIELENA HEVIA 8964 W. FLAGLER STREET UNIT'201 MIAMI, FL 33174

ARTICLE V - INCORPORATOR

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

8964 WEST FLAGLER STREET

UNIT 201

MIAMI, FL 33174

The undersigned incorporator has executed these Articles of Incorporation this 13 day of JULY /

Signature

ARTICLE VI- DIRECTOR(S)

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

MARIELENA HEVIA HILDA F. DORTA LOURDES PEDRAZA 8964 WEST FLAGLER STREET UNIT 201 MIAMI, FLORIDA 33174

PRESIDENT SR. VICE PRESIDENT VICE PRESIDENT / TREASURER

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFF)CE

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.