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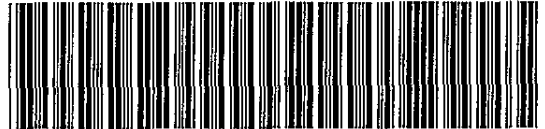
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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STATE CORPORATIONS  
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**LAZARUS CORPORATE FILING SERVICE**

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

1. ADVANTAGE MED-BILLING SERVICES, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in   
  Pick up time 2.00   
  Certified Copy  
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  Will wait   
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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

Examiner's Initials

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**ARTICLES OF INCORPORATION**

04 JUL 14 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(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:*  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 2004*

  
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 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