

Jul 14 04 10:22a

ULTIMATE MEDICAL BILLING

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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : ULTIMATE MEDICAL BILLING, INC.
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Fax Number : (305)263-8700

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FLORIDA PROFIT CORPORATION OR P.A.

CYNTHIA ANN LEE NURSING AGENCY, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE 1- NAME

CYNTHIA ANN LEE NURSING AGENCY, INC.

ARTICLE II-PRINCIPAL OFFICE

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

741 NE 177 STREET
N. Miami, FL 33162-2101

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CYNTHIA ANN LEE
741 NE 177 STREET
N. Miami, FL 33162-2101

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ARTICLE V - INCORPORATOR

The name and street address of the Incorporator to these Articles of Incorporation is:

CYNTHIA ANN LEE
741 NE 177 Street
N. Miami, FL 33162-2101

The undersigned incorporator has executed these Articles of Incorporation this 14th day of July 20 04


Signature

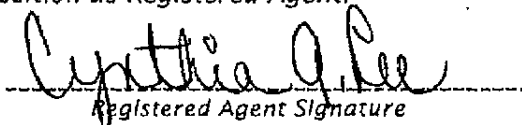
ARTICLE VI- DIRECTOR(S)

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

CYNTHIA ANN LEE - PRESIDENT
741 NE 177 Street
N. Miami, FL 33162

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

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