Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001623633)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : 119990000242 Phone : (215)563-8113 Fax Number : (215)977-9386 O4 AUG -6 AM 8: 11 SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

ANDMIK MEDICAL BILLING CORP.

Certificate of Status		i
Certified Copy		0
Page Count	:	03
Estimated Charge	\$7	78.75

Hardrenic Wine Vancu

CHARLES AND A MANAGEMENT

Public Accords Halis

18/9

(((H04000162363 3)))

ARTICLES OF INCORPORATION OF

ANDMIK MEDICAL BILLING CORP.

The undersigned, incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ANDMIK MEDICAL BILLING CORP.

04 AUG -6 A

ARTICLE II PRINCIPAL OFFICE

The mailing address of this corporation shall be:

16441 S.W. 145th Court, Miami, FL 33177

FLOR

4.

ARTICLE III CAPITAL STOCK

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

One thousand (1,000) shares without par value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Judith O. Amaro

16441 S.W. 145th Court Miami, FL 33177

ARTICLE V INCORPORATOR

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

Judith O. Amaro

16441 S.W. 145th Court Miami, FL 33177

The undersigned has executed these Articles of Incorporation this 6th day of July, 2004.

:

(((H04000162363 3)))

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 507.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

ANDMIK MEDICAL BILLING CORP.

2. The name and address of the registered agent and office

Judith O. Amaro

16441 S.W. 145th Court Miami, FL 33177

Signature

Title: Incorporator

Date: July 5, 2004

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERPORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

(((H04000162363 3)))