

P05000010336

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.

((H05000015757 3)))

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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

manrique medical billing & collection corp

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

05 JAN 20 AM 9:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

②

H05000015757

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:

MANRIQUE MEDICAL BILLING & COLLECTION CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2955 WEST 80 STREET SUITE 203 HIALEAH FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL BILLING

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OSVALDO MANRIQUE 2955 WEST 80 STREET SUITE 203 HIALEAH FL 33018 PRESIDENT

VANESSA MANRIQUE 2955 WEST 80 STREET SUITE 203 HIALEAH FL 33018 VICEPRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

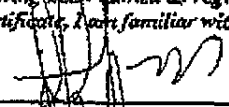
OSVALDO MANRIQUE 2955 WEST 80 STREET SUITE 203 HIALEAH FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

OSVALDO MANRIQUE 2955 WEST 80 STREET SUITE 203 HIALEAH FL 33018

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



Signature/Registered Agent

01/19/2005

Date



Signature/Incorporator

01/19/2005

Date

H05000015757

05 JAN 20 AM 9:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED