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Division of Corporations

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## Florida Department of State

Division of Corporations

Public Access System

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**To:**

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

**From:**

Account Name : ULTIMATE MEDICAL BILLING, INC.  
Account Number : I20030000011  
Phone : (305) 263-9500  
Fax Number : (305) 263-8700

## FLORIDA PROFIT CORPORATION OR P.A.

AMADOR D.M.E., INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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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 I- NAME

AMADOR D.M.E., INC.

#### ARTICLE II-PRINCIPAL OFFICE

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

29487 SW 144 AVENUE  
HOMESTEAD, FL 33033

#### 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:

Carmen Rosa Amador  
29487 SW 144 AVENUE  
HOMESTEAD, FL 33033

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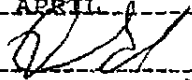
FLORIDA

ARTICLE V - INCORPORATOR

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

CARMEN ROSA AMADOR  
29487 SW 144 Avenue  
HOMESTEAD, FL 33033

The undersigned incorporator has executed these Articles of Incorporation this 22 day of APRIL 2005

  
Signature

ARTICLE VI- DIRECTOR(S)

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

CARMEN ROSA AMADOR----- PRESIDENT  
29487 SW 144 Avenue  
HOMESTEAD, FL 33033

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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