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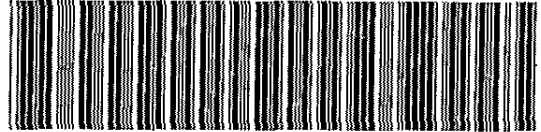
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J. Shivers JUN 14 2005

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LEON MEDICAL BILLING, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

MATTHEW D. PARDY
Name (Printed or typed)

P.O. BOX 3747
Address

ORLANDO, FL 32802-3747
City, State & Zip

407-481-0066
Daytime Telephone number

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DIVISION OF CORPORATION
05 JUN 14 PM 2:50

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION
OF**

LEON MEDICAL BILLING, INC.

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida and adopts the following Articles of Incorporation for such corporation:

ARTICLE I
NAME OF CORPORATION

The name of the corporation is: LEON MEDICAL BILLING, INC.

ARTICLE II
PRINCIPAL OFFICE

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

2435 Quail Run Boulevard
Kissimmee, Florida 34744

ARTICLE III
SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at one time is one hundred (100).

ARTICLE IV
INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent of the corporation is

NORMA I. LEON
2435 Quail Run Boulevard
Kissimmee, Florida 34744

ARTICLE V
INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is Norma I. Leon, 2435 Quail Run Boulevard, Kissimmee, Florida 34744.

ARTICLE VI
PURPOSE OF CORPORATION

The specific purpose of this corporation is operation of a medical billing service.

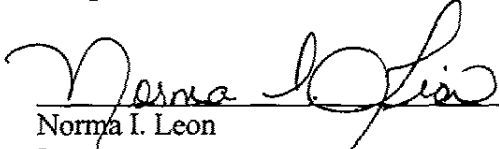
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DIVISION OF CORPORATION
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ARTICLE VII
OFFICERS

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

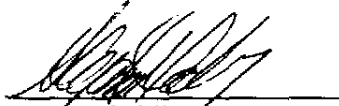
President: Norma I. Leon, 2435 Quail Run Boulevard, Kissimmee, Florida 34744.

9th IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this day of June 2005.


Norma I. Leon
Incorporator
DATE: 6-9-05

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 9th day of June 2005, by Norma I. Leon, who is either known to me or produced L500-629-77-722-0 as identification.

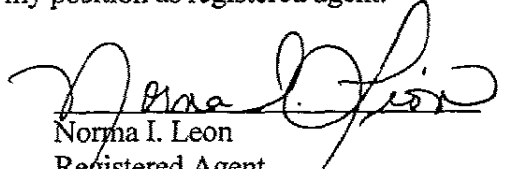

Notary Public
My Commission Expires:



Alejandra Labrador
My Commission DD034352
Expires June 17 2005

ACCEPTANCE BY REGISTERED AGENT

Having been named as the registered agent and to accept service of process for the above-stated corporation at the place of business 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.


Norma I. Leon
Registered Agent
DATE: 6-9-05