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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known):	
1.ACCMEDICALBILLING, INC-		
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Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	
Domestication '	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
☐ Annual Report	Foreign	
☐ Fictitious Name	Limited Partnership	
	Reinstatement Trademark	
	Other	
	Examiner's Initials	

CR2E031(7/97)

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 Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

ACC Medical Billing, India

ARTICLE II - PRINCIPAL OFFICE

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

7450 Miami Lakes Drive, Suite 207 Miani Lakes, Fl 33014

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:

Jadira Cimadevilla
74.50 miani Lakes Price: Suite 207
miani Lakes, Fi 33014

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ARTICLE V - INCORPORATOR

TALLAHASSEE FLORIDA

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

Sadira Cinadevilla

7450 Miami Lakes Drive, Suite 202

Migni Lakes , F1 33014

The undersigned incorporator has executed these Articles of Incorporation this $\frac{24}{20}$ day of $\frac{340}{20}$ 2005

ARTICLE VI- DIRECTOR(S)

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

Jadira Cimadevilla - President 7450 Miani Lakes Drive, Suite 20) Miani Eakes, Fl 33014

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