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TRANSMITTAL LETTER

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

d are an orig	rinal and one (1) copy of the art	ATE NAME - MUST INCL	
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FROM: Yai	ima Gutierrez	e (Printed or typed)	
	7350 NW 6 Street	o (i imad or typed)	
•		Address	

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

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:

Med-Bills Professionals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7350 NW 6 Street, Miami, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Third party billing services.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Yaima Gutierrez/7350 NW 6 Street, Miami, FL 33126/President.

ARTICLE VI REGISTERED AGENT

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

Yaima Gutierrez/7350 NW 6 Street, Miami, FL 33126

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:	
Yaima Gutierrez/7350 NW 6 Street, Miami, FL 33126	
***************	***********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent.	
matina	10-29-2005
1/ XIMINUS	
Signature/Registered Agent	Date
Mtunez	6-29-2005
Signature/Incorporator	Date