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(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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STATE OF FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/16
9/12/11
AS

COVER LETTER

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

SUBJECT: SOMAR Revenue and Medical Management 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: Roger Ramos

Name (Printed or typed)

3723 SW 150th Court

Address

Miami, FL 33185

City, State & Zip

305-431-0754 / 305-431-2097

Daytime Telephone number

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:

SOMAR Revenue and Medical Management Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3723 SW 150th Court
Miami, FL 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical coding and billing and net revenue enhancement consulting.

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):

Roger Ramos, President
3723 SW 150th Court
Miami, FL 33185

ARTICLE VI REGISTERED AGENT

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

Roger Ramos
3723 SW 150th Court
Miami, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Roger Ramos
3723 SW 150th Court
Miami, FL 33185

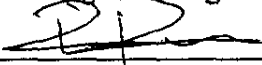
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12-12-05

Date



Signature/Incorporator

12-12-05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA