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ASA HOMECARE 3052201039

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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) 229-0985

## FLORIDA PROFIT/NON PROFIT CORPORATION

### EMI COMPUTER & NETWORKS, INC.

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
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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**

EMI COMPUTER & NETWORKS, INC.

### **ARTICLE II-PRINCIPAL OFFICE**

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

615 West Park Drive, #205  
Miami, FL 33172

### **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:

Emil Acosta  
615 West Park Drive, #205  
Miami, FL 33172

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**ARTICLE V - INCORPORATOR**

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

Emil Acosta  
615 West Park Drive, #205  
Miami, FL 33172

The undersigned incorporator has executed these Articles of Incorporation this 22<sup>nd</sup> day of June, 2006.

  
\_\_\_\_\_  
Signature

**ARTICLE VI - DIRECTOR(S)**

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

Emil Acosta \_\_\_\_\_ President  
615 West Park Drive, #205  
Miami, FL 33172

**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 COMPLETED 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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