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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

FLORIDA PROFIT/NON PROFIT CORPORATION

Best Choice Medical Billing, Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Jr 6/26/06

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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 :

BEST CHOICE MEDICAL BILLING, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is :

3736 NE 10TH CT
HOMESTEAD, FLORIDA 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR & PRESIDENT:

JANET HERNANDEZ
3736 NE 10TH CT
HOMESTEAD, FLORIDA 33033

DIRECTOR & VICE PRESIDENT:

ELDYS A. HERNANDEZ
3736 NE 10TH CT
HOMESTEAD, FLORIDA 33033

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PAGE 2 BEST CHOICE MEDICAL BILLING, INC

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JANET HERNANDEZ

3736 NE 10TH CT

HOMESTEAD, FLORIDA 33033

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

JANET HERNANDEZ

3736 NE 10TH CT

HOMESTEAD, FLORIDA 33033

Having been named as registered agent to accept service of process for the above 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.


JANET HERNANDEZ / REGISTERED AGENT

6/22/06
DATE


JANET HERNANDEZ / INCORPORATOR

6/22/06
DATE

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