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# **LAZARUS** CORPORATE FILING SERVICE

3320 SW 87 <sup>TH</sup> AVENUE	
MIAMI, FL 33165 (305) 552-5973	•
•	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUM	BER(S), (if known):
1. JMG MEDICAL BILL	
2. (Corporation Name) (I	Document #)
3.	
	Document #)
4	
4. (Corporation Name) (I	Document #)
Not for Profit Resi	MENTS  Indment  Indme
OTHER FILINGS REGIST	RATION/QUALIFICATION
Rein	ted Partnership statement emark
,	Evaminer'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:

IMG MEDICAL BILLING SERVICE, CORP.

#### ARTICLE II - PRINCIPAL OFFICE

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

4810 S.W. 152 Pl. #E MIAMI Fl. 33185

#### **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:

MARTHA O. HERNANDEZ 4810 S.W. 152 PI #E MIAMI, Fl. 33185

# ARTICLE V - INCORPORATOR

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

MARTHA O. HERNANDEZ

GIOVANNA RAMOS

4810 SW 152 Place #E

The undersigned incorporator has executed these Articles of Incorporation this 27 day of 2007

Signature

ARTICLE VI- DIRECTOR(S)

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

President:

MARTHA O. HERNANDEZ

Vice-President

GIOVANNA RAMOS

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