

207000078645

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

SOUTH DADE MEDICAL BILLING, INC

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FLORIDA DEPARTMENT OF STATE

Division of Corporations

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**ARTICLES OF INCORPORATION
OF**

SOUTH DADE MEDICAL BILLING, INC

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:

SOUTH DADE MEDICAL BILLING, INC

Article II - Principal Office

The principal place of business shall be:

**856 N KROME AVE
HOMESTEAD FL 33030**

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000)

Article IV - Purpose

To carry on and engage in any and all lawful business or businesses.

Article V - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

**DANIA LEIVA
856 N KROME AVE
HOMESTEAD FL 33030**

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Article VI - Incorporator(s)

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

NAME	ADDRESS	Shares
DANIA LEIVA (PRESIDENT) (REGISTERED AGENT)	856 N KROME AVE HOMESTEAD FL 33030	500
MARIBEL NAVARRO- GARCIA (VICE-PRESIDENT)	856 N KROME AVE HOMESTEAD FL 33030	500

Article VII Directors

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

The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

July 9, 2007

WITNESS:


DANIA LEIVA

((H07000176343)))

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is: **SOUTH DADE MEDICAL BILLING, INC**

2. The name and address of the registered agent and office is:

DANIA LEIVA
856 N KROME AVE
HOMESTEAD FL 33030

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TALLAHASSEE, FLORIDA

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Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



DANIA LEIVA (Seal)