

09/18/2007

18

3

48

9

BERRIZ & GIRALDO

PAGE 01

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000232312 3)))



H070002323123ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

2001 SEP 18 P 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

CALA MEDICAL BILLING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

20-9-07
2007

FILED

H070002323123

2007 SEP 12 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORPORATION
OF

CALA MEDICAL BILLING, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

CALA MEDICAL BILLING, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

CALA MEDICAL BILLING, INC.

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

H070002323123

H070002323123

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

**JUAN LUIS CALA LOPEZ
4440 NW 9 ST # 7
MIAMI FL. 33126**

The principal office shall be:

**4440 NW 9 ST # 7
MIAMI FL. 33126**

H070002323123

H070002323123

ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE (01)** person, and the name and address of the person who is to serve as an initial director is:

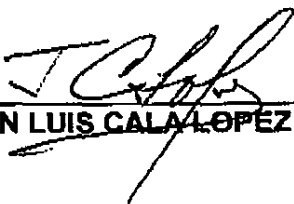
JUAN LUIS CALA LOPEZ
4440 NW 9 ST # 7
MIAMI FL. 33126

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

JUAN LUIS CALA LOPEZ
4440 NW 9 ST # 7
MIAMI FL. 33126

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this SEPTEMBER 11, 2007.



JUAN LUIS CALA LOPEZ

H070002323123

H070002323123

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, 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:

CALA MEDICAL BILLING, INC.

2. The Name and Address of the registered agent and office is

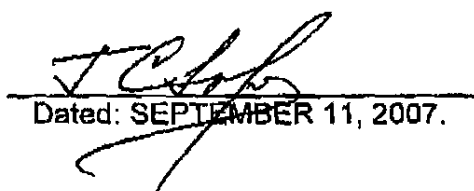
**JUAN LUIS CALA LOPEZ
4440 NW 9 ST # 7
MIAMI FL. 33126**

2007 SEP 18 P 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


Dated: SEPTEMBER 11, 2007.

H070002323123