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To;

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPĀNY

Account Number : 072450003255 Phone : (305) 634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

A&S MEDICAL BILLING SERVICES, INC.

Certificate of Status	Charles Constitution of Consti
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EMPIRE CORP KIT

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#### ARTICLES OF INCORPORATION

#### ARTICLE ! - NAME

The name of the corporation is A&S MEDICAL BILLING SERVICES, INC.

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation are:

8970 Johnson Street, Pembroke Pines, FL 33024

## ARTICLE III - SHARES

The number of share of stock that this corporation is authorized to have outstanding at any one time is 100.

#### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANGELA SMITH, 4325 SW 70th Terrace, Davie, FL 33314

#### ARTICLE V - OFFICERS/DIRECTORS

The harles and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected are:

SANDYBEAN

PRESIDENT/DIRECTOR

8970 Johnson Street, Pembroke Pines, FL 33024

ANGELA N. SMITH

VICE PRESIDENT

4325 SW 70th Terrace, Davie, FL 33314

#### ARTICLE VI - INCORPORATOR

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

STEVE ANTHONY SIMPSON, ESQ.

1141 S.E. Second Avenue

Fort Lauderdale, FL 33316

The undersigned has executed these Articles of incorporation this 3rd day of OCTOBER 2007.

Steve Anthony Simpson, Esquire.

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is :

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# <u>DESIGNATION AND ACCEPTANCE</u> OF REGISTERED AGENT FOR A FLORIDA CORPORATION

Pursuant to the provisions of F.S. 607.0501, 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 A&S MEDICAL BILLING SERVICES, INC.
- 2. The name of the registered agent is ANGELA SMITH.
- 3. The address of the registered agent/registered office is 4325 SW 70th Terrace, Davie, Florida 33314.

#### **ACCEPTANCE**

Having been named as registered agent and designated to accept service of process for the above corporation, 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.

REGISTERED AGENT

SWORN TO AND SUBSCRIBED

before me this \_ 100 MeV of OCTOBER, 2007.

NOTARY PUBLIC,

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA

Amy L. Szurgyilo
Commission #DD582064

EXPLOSE AUG. 06, 2010

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