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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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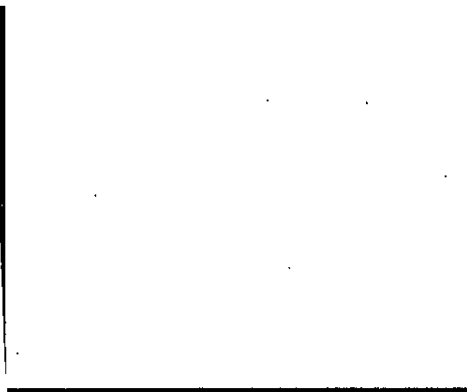
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W08-16140

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MD 4/1

LAZARUS
CORPORATE FILING SERVICE
3320 SW 87TH AVENUE
MIAMI, FL 33165
305-552-5973



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. REGIONS MEDICAL BILLING, INC
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials



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FLORIDA DEPARTMENT OF STATE

Division of Corporations
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 28, 2008

LAZARUS CORPORATE FILING SERVICE

SUBJECT: REGIONS MEDICAL BILLING, INC.
Ref. Number: W08000016140

We have received your document for REGIONS MEDICAL BILLING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 708A00018513

ARTICLES OF INCORPORATION
OF
REGIONS MEDICAL BILLING, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 31 AM 10:26

The undersigned, INCORPORATOR, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: REGIONS MEDICAL BILLING, INC.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III PRINCIPAL OFFICE

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

14159 SW 142 AVE
MIAMI, FL 33186

ARTICLE IV CAPITAL STOCK

The number of shares of stock this corporation is authorized to have shall be:

100 Shares

ARTICLE V REGISTERED AGENT

The name and address of the initial registered agent is:

Humberto Lorente, 14159 SW 142 AVE, MIAMI, FL 33186

ARTICLE VI OFFICERS DIRECTORS

The name and address of the initial officer and director is:

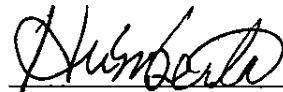
President:
Humberto Lorente, 14159 SW 142 AVE, MIAMI, FL 33186

ARTICLE VII INCORPORATORS

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

Humberto Lorente, 14159 SW 142 AVE, MIAMI, FL 33186

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 25th day of March, 2008.

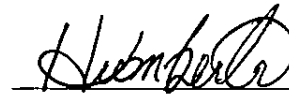

Humberto Lorente
Incorporator

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DIVISION OF CORPORATIONS
08 MAR 31 AM 10:26

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.


Humberto Lorente
President

Date: 3-25-08