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Marisa Paz

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Division of Corporations

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**P08000063790**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : ULTIMATE MEDICAL BILLING, INC.  
Account Number : I20030000011  
Phone : (305) 263-9500  
Fax Number : (305) 229-0985

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Infinitive Care Solutions, Inc.**

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July 2, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ULTIMATE MEDICAL BILLING, INC.

SUBJECT: INFINITIVE CARE SOLUTIONS, INC.  
REF: W08000031689

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Carolyn Lewis  
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### 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 Article of Incorporation.

#### ARTICLE I- NAME

Infiniti Care Solutions, Inc.

#### ARTICLE II-PRINCIPAL OFFICE

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

12101 SW 168 Terrace  
Miami, FL 33177

#### 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:

JACKLYNNE VASQUEZ  
12101 SW 168 TERRACE  
MIAMI, FL 33177

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**ARTICLE V - INCORPORATOR**

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

JACKLYNNE VASQUEZ  
12101 SW 168 TERRACE  
MIAMI, FL 33177

The undersigned incorporator has executed these Articles of Incorporation this 1<sup>ST</sup>  
day of July, 2008.

  
\_\_\_\_\_  
Signature

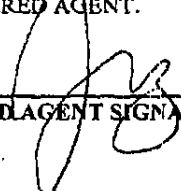
**ARTICLE VI - DIRECTOR(S)**

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

JACKLYNNE VASQUEZ ----- PRESIDENT  
12101 SW 168 TERRACE  
MIAMI, FL 33177

**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 COMPLETED PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
\_\_\_\_\_  
REGISTERED AGENT SIGNATURE

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