

P09000059313

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.**

((H09000160863 3)))



H090001608633ABCO

**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) 617-6381

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2009 JUL 10 PM 1:00

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**axis medical billing corp.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED  
SECRETARY OF STATE  
2009 JUL 10 PM 4:05

Electronic Filing Menu

Corporate Filing Menu

Help

7/13/09

④

H09000160863

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

2009 JUL 10 PM 1:00

**OF**

**AXIS MEDICAL BILLING CORP.**

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of this corporation shall be: **AXIS MEDICAL BILLING CORP.**

**ARTICLE II**

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

**ARTICLE III**

The principal place of business of this corporation: **6401 MAIN STREET, #10, MIAMI LAKES, FL 33014.**

**ARTICLE IV**

The general nature of business of this corporation is to transact any and all lawful business.

**ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue is 100 shares common stock having an individual par value of \$1.00.

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.

H09000160863

## ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: VERONICA MARRERO, 6401 MAIN STREET, #10, MIAMI LAKES, FL 33014.

## ARTICLE VII

The name and address of the officers and board of directors shall be:

**DIRECTOR**

VERONICA MARRERO

6401 MAIN STREET, #10  
MIAMI LAKES, FL 33014

**DIRECTOR**

JOADYS ASTRADA

2850 S.W. 133<sup>rd</sup> COURT  
MIAMI, FL 33175

## ARTICLE VIII

The name and address of the incorporator(s) to these Article of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.  
2444 NW 7<sup>TH</sup> PLACE  
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 9<sup>th</sup> DAY OF JULY, 2009.



INCORPORATOR

Ray Stormont Signing for  
Empire Corporate Kit of America, Inc.

2009 JUL 10 PM 1:01

H09000160863

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

First that AXIS MEDICAL BILLING CORP.  
(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA  
(Florida)

with its principal office, as indicated in the articles of incorporation has named  
VERONICA MARRERO located at

(Name of registered agent)  
6401 MAIN ST., #10  
MIAMI LAKES, FL 33014, County of MIAMI-DADE State  
(City) (County)

of Florida, as its agent to accept service of process within this state.

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



REGISTERED AGENT

VERONICA MARRERO  
6401 MAIN ST., #10  
MIAMI LAKES, FL 33014

H09000160863