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**FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTH CARE SOLUTIONS BILLING & CONSULTING CORP.**

Certificate of Status	0
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE OF INCORPORATION

OF

HEALTH CARE SOLUTIONS BILLING & CONSULTING CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HEALTH CARE SOLUTIONS BILLING & CONSULTING CORP.

The principal place of business of this corporation shall be:

6230 SW. 188 AVE.
SOUTH WEST RANCHES, FL. 33332

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 CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 x \$ 10.00 = \$ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

GLORIA C. ALVAREZ
6230 SW. 188 AVE.
SW. RANCHES L. 33332

DIRECTOR

ARTICLE VI INCORPORATOR(S)

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

GLORIA C. ALVAREZ
6230 SW. 188 AVE.
SW. RANCHES, FL. 33332

PRESIDENT, DIRECTOR
100 shares

The undersigned has(have) executed these Article of Incorporation this 3th day of JUNE, 2001.

Gloria C. Alvarez / President
Signature/Title

Signature/Title

Signature/Title

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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: _____

HEALTH CARE SOLUTIONS BILLING & CONSULTING CORP.

2. The name and address of the registered agent and office
is GLORIA C. ALVAREZ

(Name)

6230 SW. 188 AVE.

(P. O. BOX NOT ACCEPTABLE)

SW. RANCHES, FLORIDA 33332

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE

Gloria C. Alvarez

DATE

6-3-11