Division of Corporations 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.

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Division of Corporations Fax Number : (850)617-6381 From: Account Name : EXPRESS CORPORATE FILING SERVIPETING Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977 The email address for this business entity to be used for future qual report mailings. Enter only one email address please.** il Address: FLORIDA PROFIT/NON PROFIT CORPORATION MO BILLING SERVICES CORP	YAN TEAN STREET, AND	Doing so will generate another cover sheet.
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$78.75

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

12 MAR 13 AM 11: 56

ARTICLE I The name of the con	NAME MD BILLING SERVICE poration shall be:	S, CORP	SECRETARY OF ST. TALLAHASSEE, FLO
4	PRINCIPAL OFFICE Principal street address 100 S HOSPITAL DR STE 206 LANTATION, FL 33317	4100 S HOS	g address, if different is: PITAL DR STE-205
ARTICLE III J The purpose for wit ANY AND ALI	PURPOSE aich the corporation is organized is: LAWFULL BUSINESS	·	
ARTICLE IV The number of share	SHARES s of stock is500 SHARES TO \$ 1.00 E	: ACH	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	
Name and Tit	Is MAITE DENNIS (PRESIDENT)	Name and Title:	
Address:	4100 S HOSPITAL DR STE-206	Address:	
	PLANTATION, FL 33317		
	•		
Name and Tri	le:JOSE L. ARTILES (VICEPRESIDEN	I Name and Title:	·····
Address:	4100 S HOSPITAL DR STE-205		
	PLANTATION, FL 33317		•
		-	
Name and Tit	le:	Name and Title:	
Address:		Address:	
			
ARTICLE VI	REGISTERED AGENT	•	
	da street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	MAITE DENNIS	-	
Address:	4100 S HOSPITAL DR STF : 206		
	PLANTATION, FL 33317	_	
ARTICLE VII	INCORPORATOR		
	es of the Incorporator is:		
	MAITE DENNIS		
Address:	4100 S HOSPITAL DR STE-206 PLANTATION, FL/33317		
Having been names this certificate, I am	i as registered after to a feept service of process familiar with all accept the appointment as res	is for the above stated col vistered agent and agree to	rporation at the place designated in act in this capacity
	To the state of th	\	03/06/2012
	Required Signature Registered Agent	}	Date
		/	
I submit this docum	nent and Affirm that the sakes staged herein an	true. I am awere thut th	re folse information submitted in a
document to the Dep	artment of State Constitutes a third degree felbr	y as provided for in s.817.	.155 ₁ F.S.
	Jul/11/		00/00/0040
	The state of the s		03/06/2012
	Required Signature/Incorporator		Date