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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number

: (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION ONE STEP MEDICAL BILLING, CORP.

Certificate of Status		0	ij
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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 Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

One Step Medical Billing, coep.

ARTICLE II - PRINCIPAL OFFICE

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

29901 SW 154 Avenue Homested, FL 33033

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:

Denis Caeballea-Suarez 29901 SW 154 Avenue Homestead, FL 33033

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ARTICLE V - INCORPORATOR

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

Denis Carballea-Suarez Polando Carballea 29901 SW 154 Ave Hemostead FL 33033

The undersigned incorporator has executed these Articles of Incorporation this day of April 2013.

Signature

ARTICLE VI- DIRECTOR (S)

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

Denis Caeballea-Suarez President Polando Caeballea Vice-President

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 complete 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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