

05/02/2011 15:30:40 ZARUS PAGE 1/03

P16000040009

Florida Department of State
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.

(((H16000114988 3)))



H160001149883ABC5

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

RECEIVED
16 MAY -9 PM 4:32
SEALING UNIT
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION GENERAL MEDICAL & BILLING SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
16 MAY -9 AM 9:48

5/10/10

Electronic Filing Menu

Corporate Filing Menu

Help

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

H16000114988
FILED

16 MAY -9 AM 9:48

ARTICLE I NAME: The name of the corporation is:

General Medical & Billing Services Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

16681 SW 78 Ter
Miami FL 33193

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Fraida Menendez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Fraida Menendez
16681 SW 78 Ter
Miami FL 33193

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

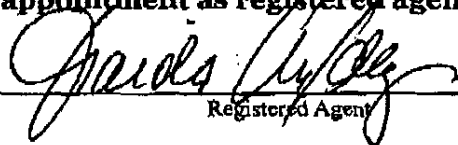
Fraida Menendez
16681 SW 78 Ter
Miami FL 33193

H16000114988

H16000114988

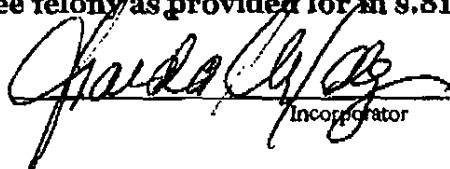
Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator Date

FILED
16 MAY -9 AM 9:48
STATE OF FLORIDA
TALLAHASSEE

H16000114988