# P95000055884

(Haquestor's Nai 890 S.W. 87 AVEN (Aldraus) MIAMI, FLORIDA (City, Stain, Zi		OFFICE USE ONLY
CORPORATION NAM	IE(s) & DOCUMENT NUM	BER(S) (if known):
1. UNITE	D MEDICAL	BILLING INC.
(Corpoin	tion Name)	(Document #)
(Corpora	lon Name)	(Document #)
3. [Corpora	ion Name)	(Document #)
4.	on Name)	
Walk in SP	ick up time <u>Dirit</u> Will wait Photocopy	(Document #)  Certified Copy  Certificate of Status
NEW FILINGS	AMENDMENTS	400001542614 -07/20/9501078015 ****122,50 ****122.50
Profit	Amendment	
NonProfit Limited Liability	Resignation of R.A., Officer Change of Registered Agent	<del></del>
Domestication	Dissolution/Withdrawal	·
Other	Merger	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report Foreign		M HENDRICKS JUL! 1 9 1995
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	Examiner's Initials
		CIMINIA D INCOMP

Other

CR2E031(10/92)





The undersigned incorporator(s), for the purpose of forming a corporation under the Floida Business Comporation Act, hereby adopt(s) the following Articles of Incomporation.

### ARTICLE L NAME

The name of the corporation shall be:

United Medical Billing in

### ARTICLE IL PRINCIPAL OFFICE

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

15 70 WEST 43 PLACE SUITE 25 HINLENK FL 33012

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Polando UALDES 1570 WEST 43 PLACE SUITE 25 HIBLEAL FL 33012

### ARTICLE V INCORPORATOR(S)

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

1870 10651 43 PLACE
1870 10651 43 PLACE
18016 26
WINLENE FL 33012

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of 15, 19 95.

- Sering Hirr

Signature

Articles of Incorporation Filing Fee - \$35

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: 12 Hed 100 diens 1 BALIES 180
2. The name and address of the registered agent and office is:
(Name)  (Name)  (STO WEST 43 PLOCE SUITE 25  (P.O. Box not acceptable)
(P.O. Box not acceptable)
KIPKEAK FZ 33012
(City/State/Zip)
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.

7-18-55 (Date)

## P95000055884

				Ī	
	LAZARUS COR R	<u>PORAT</u> equesto	E INDUSTRIES, INC.		
	890 S.W. 87		UE SULTE: 16 ddress	፡፡፡፡ የዚህ ነገር የተገር ነው	
	MIAHI, FLOR City/State	1DA 3	3174 (305)552-5973 Phone #	*****	11
	•	•	TIVE TALLAHASSEE	Office Use Only	
	CORPORATION	INAM	E(S) & DOCUMENT NUN	IBER(S), (if known):	
		O poration	MEDICAL B	LLCING INC.	
	2(Cū	poration	Name) (D	ocument #)	
	3(Coi	poration	Name) (D	ocument #)	
	4(Coi	poration	Name) (D	ocument #)	
	Walk in	Ø⊱Pic	k up time _3/26		I
	☐ Mail out	□ wi⊓	wait Photocopy	Certificate of Status	
<b>1</b>	NEW FILINGS	K.S.	AMENDMENTS	हें <del>हिं</del>	
X	Profit	+	Amendment		
	NonProfit		Resignation of R.A., Officer/ Direct	ctor	
	Limited Limbility		Change of Registered Agent		
	Domestication		Dissolution/Withdrawal		
<u> </u>	Other		Merger		
189	ÇÖTÜER FILINGS	74.17	TREGISTRATIONAL	· ·	
	Annual Report		Foreign	÷	
	Fictitious Name Name Reservation		Limited Partnership	M HENDRICKU MAR 2 n 1996	
	Nume reservation		Reinstatement	гистетиомо пида S II 1996	
			Trademark		
			Other		

Examiner's Initials

CR2E031(1/95)

#### ARTICLES OF AMENDMENT

TO

### ARTICLES OF INCORPORATION

ov

	∫*-#* [f	7	F*	
				74.559
БГС БИЛ.,	11			

UNTTED	MEDICAL BIJLING INC.
	MEDICAL BILLING INC.

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted).

### REFER TO ATTACHED EXHIBIT

SECOND: f an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: FEBRUARY 23, 1996

FOURTH: Adoption of Amendment (s) (check one)

- \_\_\_ The amendment(s) was/were adopted by the incoporators without shareholder action and shareholder action was not required.
- \_\_\_\_ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- x The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- \_\_\_ The amendment(s) was/were approved by the shareholders through voting groups.

(The following statement must be separately provided for each voting group entitled to vote separately on the amendment (s).)

The number of votes cast for the amendment (s) was/were sufficient for approval by\_\_\_\_\_\_.

(voting group)

(continued)

Signed this 23 day of FEBRUARY , 1996
ny (Chairman of Vice Chairman of the Board
of Directors, President or other officer
if adopted by the shareholders) OR
(A director or incorporator if adopted
by the directors or incorporators).
MARICELA MUNOZ
(Typed or printed name)
PRESIDENT
(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE 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 RELATIG TO THE PROPER AND COMPLETE PERFOMANCE OF MY DUTIES, AND I AM PAMILIAR WITH AND ACCEPT THE OBLIGATIONS MY POSITION AS REGISTERED AGENT.

SIGNA	TURE CALUTOS	
DATE_	FEBRUARY 23, 1996	

ARTICLES OF AMENDMENT OF UNITED MEDICAL BILLING INC.

ARTICLE IT-PRINCIPAL OFFICE

DELETE: 1570 WEST 43 PLACE

SUITE # 25

HIALEAH, FLORIDA, 33012

1570 WEST 43 PLACE SUITE # 24 ΛD :

HIALEAH, FLORIDA 33012

ARTICLE IV- REGISTERED AGENT

AND ADDRESS

DELETE: ROLANDO VALDES

1570 WEST 43 PLACE

SUITE # 25 HIALEAH, FLORIDA 33012

۸D MARICELA MUNOZ

1570 WEST 43 PLACE

SUITE # 24

HILEAH, FLORIDA 33012

AD. ARTICLE VI- OFFICERS

: (6) ΛD MARICELA MUNOZ

1570 WEST 43 PLACE

SUITE # 24

HIALEAH, FLORIDA 33012