

P95000069777

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

900001579079
-09/07/95--01016--005
****131.25 ****131.25

SUBJECT: MOST ACCURATE MEDICAL BILLING, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: ZULIMA GASCA
Name (printed or typed)

5411 WEST 6TH COURT
Address

HIALEAH, FL 33012
City, State & Zip

305-827-3005
Daytime Telephone number

FILED
95 SEP -6 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SN SEP 11 1995

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED

95 SEP -6 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MOST ACCURATE MEDICAL BILLING, INC.

ARTICLE II PRINCIPAL OFFICE

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

5411 WEST 6TH COURT
HIALEAH, FL 33012

ARTICLE III SHARES

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

One Thousand Shares of \$1.00 Par Value Common Stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ZULIMA GASCA
5411 WEST 6TH COURT
HIALEAH, FL 33012

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

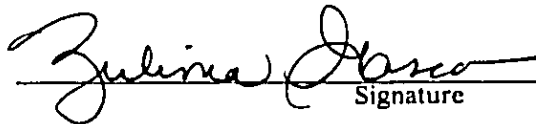
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ZULIMA GASCA

5411 WEST 6TH COURT
HIALEAH, FL 33012

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

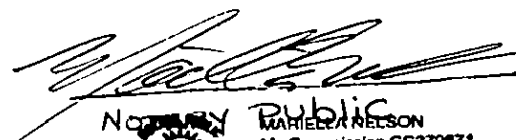
30TH day of AUGUST, 1995


Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.


Notary Public
MARIETTA NELSON
My Commission CC370871
Expires May. 17, 1998
Bonded by ANB
800-652-6878
STATE OF FLORIDA
MY COMMISSION EXPIRES
8/30/95
DATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: MOST ACCURATE MEDICAL BILLING, INC.
2. The name and address of the registered agent and office is:

ZULIMA GASCA
(NAME)

5411 WEST 6TH COURT
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

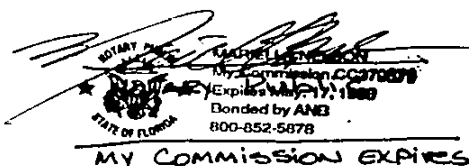
HIALEAH, FL 33012
(CITY/STATE/ZIP)

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.

Zulima Gasca
(SIGNATURE)

8-30-95
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32313


NOTARY PUBLIC
STATE OF FLORIDA
My Commission Expires 11/1/99
Bonded by ANB
800-852-5878
MY COMMISSION EXPIRES

8/30/95
DATE

FILED
SEP -6 PM 3:24
TALLAHASSEE, FLORIDA