

P95000073841

TRANSMITTAL LETTER

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

FILING FEE - \$122.50
FILING FEE - \$131.25

SUBJECT: PHYSICIAN'S BILLING AND REIMBURSEMENT NETWORK, 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

x \$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: LYDIA RODRIGUEZ
Name (printed or typed)
2714 WEST 60TH STREET
Address
HIALEAH FL 33016
City, State & Zip
305 556-9235
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95SEP 22 PM12:40

FILED

9.15.95

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

ARTICLES OF INCORPORATION

FILED

95 SEP 22 PM 12:40

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

PHYSICIAN'S BILLING AND REIMBURSEMENT NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

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

2714 WEST 60TH STREET
HIALEAH, FL 33016

ARTICLE III SHARES

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

100 SHARES OF COMMON STOCK AT PAR VALUE OF 1.00 DOLLAR OF THE UNITED STATE
OF AMERICA CURRENCY.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LYDIA RODRIGUEZ
2714 WEST 60TH STREET
HIALEAH, FL 33016

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):

MARIA ROZON
PRESIDENT

567 N.W. 100TH PLACE PEMBROKEPINE, FL 33025

LYDIA RODRIGUEZ

2714 WEST 10TH STREET HIALEAH, FL 33016

OPERATION CONTROLLER AND REGISTERED AGENT.

LISSETTE LEON

ACCOUNT RECEIVABLE MANAGER

140 N.W. 57TH CT MIAMI, FL 33126

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

18 day of September, 19 95.

Maria Rozon, PRESIDENT
Signature

Lydia Rodriguez OPERATION CONTROLLER & Registered agent
Signature

Lissette Leon ACCT REC MANAGER
Signature

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

**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. PHYSICIAN'S BILLING AND REIMBURSEMENT NETWORK, INC.

2. The name and address of the registered agent and office is

LYDIA RODRIGUEZ

(NAME)

2714 WEST 60TH STREET

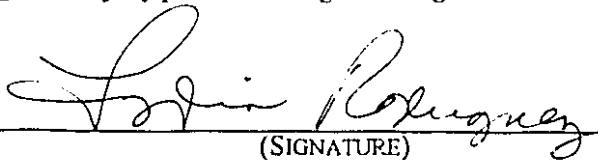
(P O Box or Mail Drop Box **NOT** ACCEPTABLE)

HIALEAH FL 33016

(CITY/STATE/ZIP)

FILED
95 SEP 22 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(SIGNATURE)

9-18-95
(DATE)