P96000050397

TRANSMITTAL LETTER

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

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

P96000050397
-06/12/96--01034--012
****122.50 ****122.50

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: LOURDES PEREDA
Name (printed or typed)

545 SW 2 STREET
Address

FLORIDA CITY, FL 33034
City, State & Zip

(305)248-6900
Daytime Telephone number

FILED
96 JUN 11 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SN JUN 13 1996

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.

FILED
95 JUN 11 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PRESTIGE MEDICAL BILLING, INC.

ARTICLE II PRINCIPAL OFFICE

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

545 SW 2nd Street
FLORIDA CITY, FL 33034

ARTICLE III SHARES

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

ONE HUNDRED DOLLARS, $1 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL CAFARO
100 NE 15th Street, Suite 103C
Homestead, Fl 33030

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):

LOURDES PEREDA, President, secretary
545 SW 2 STREET
FLORIDA CITY, FL 33034

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

5th day of JUNE, 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Notary: Sebna Pereda
Exp: 9-26-97

SEBNA PEREDA
MY COMMISSION EXPIRES SEPTEMBER 26, 1997
#CC 318585
NOTARY PUBLIC, STATE OF FLORIDA

Signature

Signature

Notarization is not required

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: PRESTIGE MEDICAL BILLING, INC.

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

MICHAEL CAFARO
(NAME)

100 N.E. 15th Street, Suite 103C
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Homestead, FL 33030
(CITY/STATE/ZIP)

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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)

6/7/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314