

Examiner's Initials

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ARTICLES OF INCORPORATION
OF

RELIABLE MEDICAL BILLING & COLLECTION ASSOCIATES INC.
(Proper Noun)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I
CORPORATION NAME

The name of the corporation shall be:

RELIABLE MEDICAL BILLING & COLLECTION ASSOCIATES INC.

ARTICLE II
DURATION

This corporation shall exist perpetually unless dissolved according to Florida laws.

ARTICLE III
PURPOSE

The corporation is organized for the purpose of engaging in any activity of business permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL STOCK

The corporation is authorized to issue Three Hundred (300) shares of Five Dollars \$5.00 dollars par value Common Stock, which shall be designated "Common Shares".

ARTICLE V
PLACE OF BUSINESS

The principal place of business of said corporation, shall be:

1081 S.W. 142 Ct.

MIAMI, FL. 33184

ARTICLE VI
NUMBER OF DIRECTORS

The number of Directors of this corporation shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII
BOARD OF DIRECTORS

The names and addresses of the first Board of Directors of this corporation who shall hold office initially, are as follow:

NAME: ALBERTO SUAREZ-MURIAS			
ADDRESS: 1061 S.W. 142 Ct.			
CITY: MIAMI	STATE: FL	Z.C. 33184	
NAME: ROBERTO PEREZ JR.			
ADDRESS: 1061 S.W. 142 CT.			
CITY: MIAMI	STATE: FL	Z.C. 33184	
NAME: DIGNA MORELL			
ADDRESS: 1081 S.W. 142 CT.			
CITY: MIAMI	STATE: FL	Z.C. 33184	
NAME: _____			
ADDRESS: _____			
CITY: _____	STATE: _____	Z.C. _____	

ARTICLE VIII
INCORPORATORS

The names and addresses of the incorporators signing these Articles of the incorporation, are as follow:

NAME: ALBERTO SUAREZ-MURIAS		TITLE: President	
ADDRESS: 1060 S.W. 142 Ct			
CITY: MIAMI	STATE: FL.	Z.C. 33184	
NAME: ROBERTO PEREZ		TITLE: Treasurer	
ADDRESS: 1061 S.W. 142 Ct.			
CITY: MIAMI	STATE: FL.	Z.C. 33184	
NAME: DIGNA MORELL		TITLE: Secretary	
ADDRESS: 1081 S.W. 142 Ct.			
CITY: MIAMI	STATE: FL.	Z.C. 33184	
NAME: _____		TITLE: _____	
ADDRESS: _____			
CITY: _____	STATE: _____	Z.C. _____	
NAME: _____		TITLE: _____	
ADDRESS: _____			
CITY: _____	STATE: _____	Z.C. _____	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation, this 5 day of November, 1996

Alberto Suarez Murias (Seal) _____ (Seal)

FLA DL 5025310540070

Roberto Perez Jr. (Seal) _____ (Seal)

FLA DL 12620720075060

Digna Morell (Seal) _____ (Seal)

FLA DL 11640160547130

STATE OF FLORIDA }
COUNTY OF DADE }

Before me, a Notary Public authorized to take acknowledgements in the State and County set for above, personally appeared:

ALBERTO SUAREZ-MURIAS - ROBERTO PEREZ JR. - DIGNA MORELL.

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that THEY executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 5 day of November, 1996

OFFICIAL NOTARY SEAL . .
ELIO OLIVA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC14134
MY COMMISSION EXPIRES APRIL 23, 1999

Elio Oliva
Notary Public, State of
Florida at Large)

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CERTIFICATE OF REGISTERED AGENT

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OF

RELIABLE MEDICAL BILLING & COLLECTION ASSOCIATES INC.
(Name of Corporation)

TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That Reliable Medical Billing & Collection Associates Inc.
(Proper noun)
desiring to organize under the laws of the State of Florida with
its principal office, as indicated in the articles of incorporation
at City of MIAMI, County of DADE State of FLORIDA,
has named: ROBERTO PEREZ JR.
located at: 1061 S.W. 142 Ct.
City of: Miami County of: Dade State of Florida,
as its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


Registered Agent