

P96000094244

TRANSMITTAL LETTER

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

FILED  
96 NOV 14 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: AUTO MATED MEDICAL BILLING INC  
(Proposed corporate name - must include suffix)

300002004813--S  
-11/14/96--01085--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: LAURA I ESPINOSA  
Name (Printed or typed)

11040 SW 47 TERR  
Address

MIAMI FLA 33165  
City, State & Zip

305 255-0098  
Daytime Telephone number

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

ML 11-18-96

## 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.*

### ARTICLE I NAME

The name of the corporation shall be:

AUTOMATED MEDICAL BILLING INC.

### ARTICLE II PRINCIPAL OFFICE

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

11040 SW 47 TER.  
MIAMI, FLA 33165

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### 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:

LAURA I ESPINOSA  
11040 SW 47 TER.  
MIAMI, FLA 33165

**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):

LAURA I ESPINOSA (PRESIDENT)

MODESTO M ESPINOSA (VICE PRESIDENT)

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

11 day of NOVEMBER, 19 96.

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

Laura I. Espinosa

Signature

Modesto M. Espinosa

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: AUTO MATED MEDICAL  
BILLING INC.
2. The name and address of the registered agent and office is:

LAURA I ESPINOSA  
(NAME)

110 S SW 47 TER  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI FLA 33165  
(CITY/STATE/ZIP)

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*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.*

Laura I. Espinosa  
(SIGNATURE)

11-11-96  
(DATE)