

P96000097151

Chapter Number Only

11-25-96
Requester's Name NR
Address _____
City _____ State _____ ZIP _____ Phone _____

VALIDATION ONLY

56 DEC -2 PM 3:03

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*****70.00 *****70.00

CORPORATION(S) NAME

American medical billing services
Inc

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

412,613
w96-24964

AL DEC - 2 1996

Empire Toll Free: 1-800-432-3028

RECEIVED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 26, 1996

EMPIRE

MIAMI, FL

SUBJECT: AMERICAN MEDICAL BILLING SERVICES INC.
Ref. Number: W96000024964

We have received your document for AMERICAN MEDICAL BILLING SERVICES INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Teresa Brown
Corporate Specialist

Letter Number: 896A00053580

ARTICLES OF INCORPORATION

of

American Medical Billing Services Inc.
(name of corporation)

FILED
96 DEC -2 PM 3:03
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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 - CORPORATE NAME

The name of the corporation is:

American Medical Billing Services Inc.

ARTICLE II - DURATION

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

ARTICLE III - PURPOSE

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

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED 100 shares (100) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Lillian T. Russo</u>		
ADDRESS	<u>3971 POINCIANA CLOSE</u>		
CITY	<u>MIAMI</u>	FLORIDA <u>FL</u>	ZIP <u>33133</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Lillian T. Russo</u>		
ADDRESS	<u>3971 POINCIANA CLOSE</u>		
CITY	<u>MIAMI</u>	FLORIDA <u>FL</u>	ZIP <u>33133</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>James E. Russo</u>		
ADDRESS	<u>3971 Poinciana Circle</u>		
CITY	<u>Miami</u>	STATE	<u>FL</u> ZIP <u>33133</u>
NAME	<u>Lilian T. Russo</u>		
ADDRESS	<u>3971 Poinciana Circle</u>		
CITY	<u>Miami</u>	STATE	<u>FL</u> ZIP <u>33133</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>James E. Russo</u>		
ADDRESS	<u>3971 Poinciana Circle</u>		
CITY	<u>Miami</u>	STATE	<u>FL</u> ZIP <u>33133</u>
NAME	<u>Lilian T. Russo</u>		
ADDRESS	<u>3971 Poinciana Circle</u>		
CITY	<u>Miami</u>	STATE	<u>FL</u> ZIP <u>33133</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 22nd day of November, 1996

James E. Russo (Seal)
Lilian T. Russo (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED
96 DEC -2 PM 3:03

DATE
FILED

AMERICAN MEDICAL BILLING SERVICES INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 3971 Poinciana Close
Miami, FL. 33133

has named Lilian T. Russo
located at the aforesaid address, as its Registered 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 obliga-
tions 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.

Lilian T. Russo
(registered agent)