TRANSMITTAL LETTER

Department of the control of th

SUBJECT: Professional Medical Billing & Consulting Services, Inc.
[Proposed corporate name - must include suffix]

Facto for ;	sad is an origina 	al and one (1) ed \$78.75 Filing Fee & Certificate	Filing Fee Filing & Certified Copy Certified	31.25 I Fee, Id Copy Ulicate	and a SEUNE M	36 NOV 26	eric
	FROM:	Vivian Di Martino Name (printed or typed)		187 (F S)	26 PH 2:	(73 (2)	
		11700 S.W. 8	Oth Road		SUL FIN	<u>:5</u>	Sayar
		Address Miami, Florida 33156					
		Daytimo	Telephone number				

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

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.

ARTICLET NAME

The name of the corporation shall be

Professional Medical Billing & Consulting Services, Inc.

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ARTICLE II PRINCIPAL OFFICE

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

11700 S.W. 80th Road Miami, Florida 33156

ARTICLE III SHARES

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

One hundred shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Vivian Di Martino 11700 S.W. 80th Road Miami, Florida 33156

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)

Vivian Di Martino 11700 S.W. 80th Road Miami, Florida 33156

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

19th	day of	November	
			Oli Marteno Signatule
			Signature
			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

ı	The name of the corporation is:	Professional Medical Billing & Consulting			
		Services, Inc.			
2	The name and address of the regi	stered agent and office is:			
	Vivian Di Ma	tino	= 1		
		(NAME)			
	11700 s.w. 80	Oth Road	Vol.		
	(P.O. B	ox or Mail Drop Box NOT ACCEPTABLE)	BEGELTAKI SECELTAKI SECELTAKI		
	Miami, Florid	a 33156	THE PER		

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.

(CITY/STATE/ZIP)

Vien de Martino 11/20/90 (SIGNATURE) (DATE)