## P9700000 8185

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16
Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

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CORPORATION	NAME(S) & DO	CUMENT NUMB	BER(S), (if known):
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3.	. ,	(400	
3. <u>(Co</u>	rporation Name)	(Doci	ument #)
4.			
(Co	rporation Name)	(Doci	unent #)
Walk in	Pick up time _	2,00	Certified Copy
Mail out	Will wait	Photocopy	Certified Copy  Certificate of Status
EWITTINGS	AN IXMENDA	inis .	
Profit	Amendment	Amendment	
NonProfit	Resignation o	R.A., Officer/ Director	or 97
Limited Liability	Change of Re	Change of Registered Agent	
Domestication	Dissolution/V	/ithdrawal	97 J.1123 PI
Other	Merger		P 7

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	Foreign
	Limited Partnership
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	Other

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98 J. 123 PH 1: 45 97 JAN 28 AN II: 24

Examiner's 16001s 416N 2 8 1997

ARTICLES OF INCORPORATION

97 July 28

The undersigned incorporator, for the purpose of forming a corporation under the Florida, 6 Business Corporation Act, hereby adopts the following Articles of Incorporation:

Article I: The name of the corporation shall be:

Medical Billing Management Only, Inc.

Article II: The principle place of business and mailing address of this corporation shall be:

9841 SW 20th St Miami, FL 33165

Article III: The number of shares of stock that this corporation is authorized to have outstanding at any time is 100 shares, \$1 Par Value.

Article IV: The name and address of the initial registered agent is:

**Deborah Watkins** 9841 SW 20th St Miami, FI 33165

Article V: The name and address of the incorporators to these articles of incorporation are:

Deborah Watkins 9841 SW 20th ST Miami, FI 33165

The undersigned incorporator have executed these Articles of Incorporation this 10th day of January, 1997

Deborah Watkins

## CERTIFICATION OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

## nedical

- 1. The name of the Corporation is: Billing Management Only, Inc.
- 2. The name and address of the registered agent and office is:

Deborah Watkins 9841 SW 20th ST Miami, FI 33165

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:

Date: January 10, #997

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