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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.
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NAME: MAG MEDICAL BILLING SERVICES, INC.

AUDIT NUMBER.....H9700007604

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

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** ENTER 'M' FOR MENU. **

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TALLAHASSEE, FLORIDA

BMX 518197

ARTICLES OF INCORPORATION

OF

MAG MEDICAL BILLING SERVICES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **MAG MEDICAL BILLING SERVICES, INC.**

The principal place of business of this corporation shall be: **12342 NW 11 LN
MIAMI, FL. 33182**

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: **1000**

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

**PD.- MICHELLE RODRIGUEZ
12342 NW 11 LN
MIAMI, FL. 33182**

Prepared by: **EC PROFESSIONAL SERVICES
6850 Coral Way, Suite #206
Miami, FL 33155
(305) 665-8089**

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MIAMI, FLORIDA**

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MICHELLE RODRIGUEZ
12342 NW 11 LN
MIAMI, FL. 33182

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 7 day of MAY, 1997.

Signature(s) of Incorporator(s)

x Michelle Rodriguez

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 MAG MEDICAL BILLING SERVICES, INC.

2. The name and address of the registered agent and office is: Michelle Rodriguez
12342 NW 11 LN

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33182

(CITY/STATE/ZIP)

SIGNATURE x Michelle Rodriguez
(corporate officer)

TITLE PRESIDENT

DATE 5/7/97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE x Michelle Rodriguez
DATE 5/7/87

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