

P97000060293
TRANSMITTAL LETTER

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

800002253038--2
-07/30/97--01103--007

*****78.75 *****78.75

SUBJECT: ALL DADE MEDICAL BILLING, INC.
(Proposed corporate name - must include suffix)

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: CARIDAD M. VERA
Name (printed or typed)

13949 SW 8 TERRACE
Address

MIAMI, FLORIDA 33184
City, State & Zip

(305) 559-0838
Daytime Telephone number

FILED
97 JUL 30 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7/31/97

ARTICLES OF INCORPORATION

FILED

97 JUL 30 PM 12:40

SECRET
TALLAHASSEE, FLORIDA
STATE

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:

ALL DADE MEDICAL BILLING, INC.

ARTICLE II PRINCIPAL OFFICE

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

13949 SW 8 TERRACE
MIAMI, FLORIDA 33184

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:

CARIDA M. VERA
13949 SW 8 TERRACE
MIAMI, FLORIDA 33184

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):

CARIDAD M. VERA
13949 SW 8 TERRACE
MIAMI, FLORIDA 33184

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

24 day of JULY, 19 97.

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

Caridad M. Vera
Signature

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: ALL DADE MEDICAL BILLING, INC.

2. The name and address of the registered agent and office is:

CARIDAD M. VERA
(NAME)

13949 SW 8 TERRACE
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FLORIDA 33184
(CITY/STATE/ZIP)

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.

Caridad M. Vera
(SIGNATURE)

7/24/97
(DATE)