

Charter Number Only

997000080083

Requestor's Name
Address
City State ZIP Phone

DATE ONLY

600002294166--4
-09/16/97--01037--005
***122.50 ***122.50

CORPORATION(S) NAME

Medical Billing Options, Inc.



Empire Toll Free: 1-800-432-3028

- | | | |
|--|---|---|
| <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"/> Dissolution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reservation | <input type="checkbox"/> Certificate Under Seal | |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | |
| <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 type="checkbox"/> Mail Out |
| <input checked="" type="checkbox"/> Pick Up | | |

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

Certified Copy

ARTICLES OF INCORPORATION

of

MEDICAL BILLING OPTIONS, INC.

(name of corporation)

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:

MEDICAL BILLING OPTIONS, 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 400 Hundred shares (100) of ONE DOLLAR 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 | MARIA LUISA MIOUEL | | |
| ADDRESS | 1721 CARANDIS ROAD | | |
| CITY | WEST PALM BEACH | FLORIDA | ZIP 33406 |

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

| | | | |
|---------|-----------------------------------|---------|-----------|
| NAME | MEDICAL BILLING OPTIONS | | |
| ADDRESS | 137 EAST WOOLBRIGHT ROAD UNIT 10C | | |
| CITY | BOYNTON BEACH | FLORIDA | ZIP 33435 |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) 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:



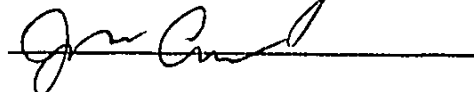
| | | | |
|---------|--------------------|---------------|-----------|
| NAME | MARIA LUISA MIQUEL | | |
| ADDRESS | 1721 CARANDIS ROAD | | |
| CITY | WEST PALM BEACH | STATE FLORIDA | ZIP 33406 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

ARTICLE VII - INCORPORATORS

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

| | | | |
|---------|----------------------------|---------------|-----------|
| NAME | MARIA LUISA MIQUEL | | |
| ADDRESS | 1721 CARANDIS ROAD | | |
| CITY | WEST PALM BEACH | STATE FLORIDA | ZIP 33406 |
| NAME | BARBARA ALLYN DOBAY | | |
| ADDRESS | 6720 ESCONDIDA DRIVE | | |
| CITY | WEST PALM BEACH | STATE FLORIDA | ZIP 33406 |
| NAME | JUAN CARLOS CONDE | | |
| ADDRESS | 2305 RABBIT HOLLOWE CIRCLE | | |
| CITY | DELRAY BEACH | STATE FLORIDA | ZIP 33445 |

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 12 day of Sept, 1997.

 (Seal)
 (Seal)
 (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

MEDICAL BILLING OPTIONS, INC
(name of corporation)

97 SEP 16 AM 11:32
FBI

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 1721 CARANDIS ROAD
~~137 EAST WOOLBRIGHT ROAD UNIT 10C~~
WEST PALM BEACH FLORIDA 33406
~~BOYNTON BEACH, FLORIDA 33435~~

has named MARIA LUISA MIQUEL

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 obligations 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.


(registered agent)