

TRANSMITTAL LETTER

P98000022136

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

SUBJECT: Med PARTNERS BILLING SERVICES, Corp  
(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:

RAFAEL CASTILLO

Name (Printed or typed)

15300 SW 100TH AVE

Address

MIAMI, FLORIDA 33157

City, State & Zip

(305) 626-5362

Daytime Telephone number

FILED  
98 MAR -9 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-03/09/98--01092--007  
\*\*\*\*131.25 \*\*\*\*131.25

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

Q1 3-10-98

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

MED PARTNERS Billing SERVICES, Corp

### ARTICLE II PRINCIPAL OFFICE

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

15300 S.W. 100TH AVE  
MIAMI, FLORIDA 33157

### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

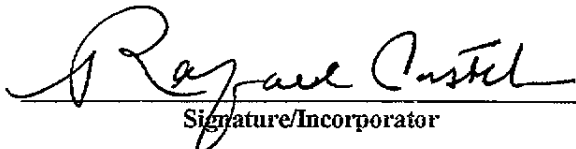
The name and Florida street address of the initial registered agent are:

RAFAEL CASTILLO  
15300 S.W. 100TH AVE, MIAMI, FL 33157

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

RAFAEL CASTILLO 15300 S.W. 100TH AVE  
LUIS GUSMAN MIAMI, FL 33157

  
Signature/Incorporator

3/4/98  
Date

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

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/Registered Agent

3/4/98  
Date

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TALLAHASSEE, FLORIDA