

P98000045621

MAY 12, 1998

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

900002527379--9  
-05/18/98--01078--016  
\*\*\*\*245.00 \*\*\*\*122.50

RE: ARTICLES OF INCORPORATION  
FAST TRACK MEDICAL BILLING, INC.

DEAR SIRs,

ENCLOSED YOU WILL FIND MY CHECK IN THE AMOUNT OF \$122.50  
WHICH PAYS THE FILLING FEE, RESIDENT AGENT FEE, AND CERTIFIED  
COPY OF THE ARTICLES OF INCORPORATION INCLUDED HEREIN.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER, AND IF YOU  
HAVE ANY QUESTIONS, PLEASE CONTACT ME IMMEDIATELY.

VERY TRULY YOURS,

DALIA MELENDEZ  
680 SO. MILITARY TR. SUITE B  
WEST PALM BEACH, FLORIDA 33415  
(561)478-1777

FILED  
98 MAY 18 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

6

**ARTICLE OF CORPORATION**

OF

**FAST TRACK MEDICAL BILLING, INC.**

**FILED**  
98 MAY 18 PH 3:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I**

NAME

The name of this Corporation shall be:

**FAST TRACK MEDICAL BILLING, INC.**

**ARTICLE II**

PURPOSE

This corporation is organized for the purpose of operating as  
BILLING transacting any and all lawful **business**.

**ARTICLE III**

CAPITOL STOCK

This corporation is authorized to issue 100 shares of \$1.00 par value common stock.

**ARTICLE IV**

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and registered office of this corporation is  
334 SE AVE I, BELLE GLADE, FL 33430 and the name of the initial registered agent of  
this corporation at the above address is:

**MAYRA DE LOURDES ZENO**

**ARTICLE V**

**DIRECTORS**

This corporation shall have two (2) Director (s) initially. The number of Directors may be either increased or diminished from time to time by-laws but shall never be less than one. The name and address of the initial Director (s) of this corporation is:

MAYRA DE LOURDES ZENO  
P O BOX 1178  
LOXAHATCHEE, FL 33470

MARIA L NAVARRO  
106 CAMELOT CT  
ROYAL PALM BEACH, FL 33411

**ARTICLE VI**

**INCORPORATORS**

The name and address of the person (s) signing these Articles is:

MAYRA DE LOURDES ZENO  
P O BOX 1178  
LOXAHATCHEE, FL 33470

MARIA L NAVARRO  
106 CAMELOT CT  
ROYAL PALM BEACH, FL 33411

**ARTICLE VII**

**POWERS**

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

**ARTICLE VIII**

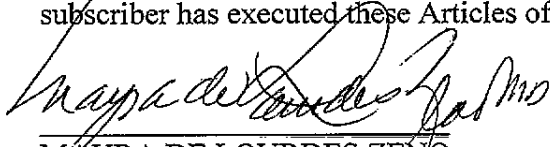
**INDEMNIFICATION**

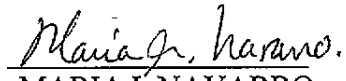
The corporation shall indemnify any officer, director or former officer, and former director to the full extent permitted by law.

**ARTICLE IX**

**AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation. IN WITNESS WHERE OF, the undersigned subscriber has executed these Articles of Incorporation on this 5<sup>TH</sup> OF MAY, 1998

  
MAYRA DE LOURDES ZENO  
PRESIDENT

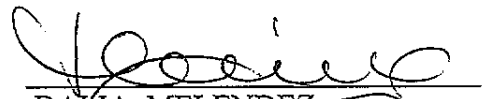
  
MARIA L NAVARRO  
VICE PRESIDENT

COUNTY OF PALM BEACH  
STATE OF FLORIDA

BEFORE ME, the undersigned authority, this day personally appeared MAYRA DE LOURDES ZENO who after being duly sworn, deposes and say that the facts contained above are true and correct, and that he has executed the same for the purposes contained herein.

WITNESS my hand and official seal this 5<sup>TH</sup> DAY OF MAY, 1998.



  
DALIA MELENDEZ  
NOTARY PUBLIC, STATE OF FL.  
COMMISSION INFORMATION:

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED. IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES.  
THE FOLLOWING IS SUBMITTED:

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH IT'S PRINCIPAL PLACE OF BUSINESS 334 SE AVE I, BELLE GLADE, FL 33430, AND COUNTY OF PALM BEACH, STATE OF FLORIDA AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

*Mayra de la Cruz Zenteno*  
CORPORATE OFFICER

*president*

TITLE

*5-6-98*

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PRFORMANCE OF MY DUTIES.

SIGNATURE

DATE

*5-6-98*

98 MAY 18 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED