

P980000060604

TRANSMITTAL LETTER

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

600002580746--6

-07/06/98--01103--007
*****78.75 *****78.75

SUBJECT: A.L.T. Medical Billing Service INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for \$ 78.75.

FROM: Liz Beth Barrial
Name (Printed or typed)
11100 SW 40 ST
Address
Miami, FL 33165
City, State & Zip
305-267-2527
Telephone number

FILED
98 JUL -6 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7-9-98

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:

A.L.T. Medical Billing Service Inc.

ARTICLE II PRINCIPAL OFFICE

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

3720 West 16 Ave.

Ste. 238

Hialeah, Florida 33012

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Liz Beth Barrial

11100 SW 40 St.

Miami, FL 33165

ARTICLE V INCORPORATOR

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

Liz Beth Barrial - Director / President / Secretary

11100 SW 40 St.

Miami, FL 33165

Liz Beth Barrial

Signature/Incorporator

06 - 30 - 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

- SEE next page -

Signature/Registered Agent

Date

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98 JUL -6 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: A.L.T. Medical Billing Service
INC.

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

Liz Beth Barria
(Name)
11100 SW 40 ST
(P.O. Box **NOT** acceptable)
Miami, FL 33165
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Liz Beth Barria

DATE

6/30/98

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314