

Charter Number Only

8449  
P9800071524

ALL INFORMATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

200002616932-4

-08/17/98-01005-011

\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Niceli Medical Billing Services, Inc.

FILED  
98 AUG 17 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

☒ Profit  
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

Empire Toll Free: 1-800-432-3028

RECEIVED

98 AUG 17 AM 8:43

DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

of

NICELI MEDICAL BILLING SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

98 AUG 17 AM 11:11

FILED

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:

NICELI MEDICAL BILLING SERVICES, 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 SIX HUNDRED shares (600) of ONE Dollar(s) (\$1) par value Common Stock, which shall be designated "Common Shares."

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT AND PRINCIPLE OFFICE**

The name and street address of the Initial Registered Agent of this Corporation is:

ELIZABETH ACOSTA  
12805 S.W. 72ND TERRACE  
MIAMI,

FL

33183

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) 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:

|   |    |       |
|---|----|-------|
| ELIZABETH ACOSTA<br>12805 S.W. 72ND TERRACE<br>MIAMI, | FL | 33183 |
|---|----|-------|

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

|   |    |       |
|---|----|-------|
| ELIZABETH ACOSTA<br>12805 S.W. 72ND TERRACE<br>MIAMI, | FL | 33183 |
|---|----|-------|

IN WITNESS WHEREOF, the undersigned director(s) have executed these Articles of Incorporation this 14th day of August, 1998.

Elizabeth Acosta

STATE OF FLORIDA

COUNTY OF Broward

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

ELIZABETH ACOSTA

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that She executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 11th day of August, 1998.

(Notary Seal)

Laura A. Streimer  
(Notary Public, State of Florida at Large)

My Commission expires: --



Laura A. Streimer  
MY COMMISSION # CC744795 EXPIRES  
July 7, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

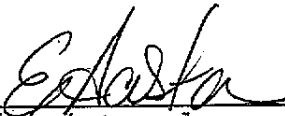
**NICELI MEDICAL BILLING SERVICES, INC.**

Pursuant to Florida Statutes Sections 48.091 and 607.034, 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 12805 S.W. 72nd Terrace, Miami, Florida 33183 has named Elizabeth Acosta located at the aforesaid address, as its Registered Agent to accept service of process within this state. The principal and mailing address of the corporation the same as the registered agent.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, 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)

**FILED**  
98 AUG 17 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA