# P98000080311

September 4, 1998

800002636728--6 -09/11/98--01007--013 \*\*\*\*122.50 \*\*\*\*122.50

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

Re: Medical Billing Express, Inc.

Dear Sir:

Enclosed please find Articles of Incorporation of Medical Billing Express, Inc., a copy of those articles and a check numbered 22; in the amount of \$122.50 as you require.

Please stamp and date the copy of the enclosed articles and return it, along with a Certificate of Incorporation, to:

Rygin 48

Barbara Mendoza 3815 Southview Drive Bradon, Florida 33511

Thank you for your attention to this matter.

Sincerely,

SEP II AM 9:04

Barbara Mendoza

**Enclosures** 

FILED

# ARTICLES OF INCORPORATION

98 SEP 11 AM 9: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**OF** 

# MEDICAL BILLING EXPRESS INC.

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

# ARTICLE ONE

#### NAME -

The Corporate name is MEDICAL BILLING EXPRESS, INC.

# ARTICLE TWO

## **DURATION**

The duration of the Corporation is perpetual.

## ARTICLE THREE

#### **PURPOSE**

The Corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporations Act.

## ARTICLE FOUR

## CAPITAL STOCK

The aggregate number of shares which the Corporation has authority to issue is 7,500 all of which shall be common shares with a par value of one dollar.

## ARTICLE FIVE

#### REGISTERED OFFICE

The street address of the initial Registered Office of the Corporation is 3815 Southview Drive, Brandon, Florida, 33511, and the name of the initial Registered Agent at such address is Barbara Mendoza. The street address of the initial Registered Office and principal office of the corporation is 3815 Southview Drive, Brandon Florida 33511.

## ARTICLE SIX

#### DIRECTORS

The business of the Corporation shall be managed by a Board of Directors consisting of a minimum of one director and a maximum of six directors.

#### ARTICLE SEVEN

#### **INCORPORATORS**

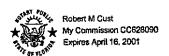
The name and address of the Incorporator is MARTINA DELUCA of 403 Kilgore, Plant City, Florida 33567 and BARBARA MENDOZA of 3815 Southview Drive, Brandon, Florida 33511.

IN WITNESS W	HEREOF, I have Subscribed my name this $\underline{\mathcal{H}}$	day
of <u>September</u>		
	Markasehrea	
	MARTINA DELUCA, President	
	Barsan Mers	,
	BARBARA MENDOZA, Vice President	

# STATE OF FLORIDA COUNTY OF HILLSBOROUGH

On this H day of September, 1998, before me personally appeared MARTINA DELUCA, who has produced Form Work The as identification and/or is personally known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he has executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



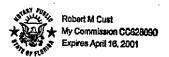
NOTARY PUBLIC, State of Florida My Commission Expires:

# STATE OF FLORIDA COUNTY OF HILLSBOROUGH

On this \_\_\_\_ day of <u>September</u>, 1998, before me personally appeared BARBARA MENDOZA, who has produced <u>FINDA</u> MUSIC as identification and/or is personally known to me to be the person whose

name is subscribed to the within instrument, and acknowledged that he has executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



NOTARY PUBLIC, State of Florida

**My Commission Expires** 

# **CERTIFICATE OF REGISTERED AGENT**

Pursuant to 48.091 Florida Statutes, the Following is submitted in compliance with said Act; that MEDICAL BILLING EXPRESS, INC., desiring to organize under the laws of the State of Florida, with its principal place of business at Brandon, Florida has named BARBARA MENDOZA located at 3815 Southview Drive, Brandon, Florida 33511, as its Agent to accept service of process within Florida.

#### <u>ACKNOWLEDGMENT</u>

Having been named to accept service of process for the above stated Corporation at the place designated in the Certificate, I hereby agree to act in this capacity and to comply with provisions of said Statutes relative to the proper and complete performance of my duties.

DATED: This \_\_\_\_\_\_ day of <u>September,</u> 1998.

BARBARA MENDOZA