3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY	
(City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY	i i
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(appointment)	
NEW FILINGS AMENDMENTS	
Profit Amendment /	
NonProfit Resignation of R.A., Officer/Directo	
. Limited Liability Change of Registered Agent	
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Other Merger	
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OTHER FILNGS REGISTRATION *****78.75 **** QUALIFICATION	**78 . 75
Annual Report Foreign	
Fictitious Name Limited Partnership	
Name Reservation Reinstatement	
Trademark	
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CR2E031(9/92) Examiner's Initials	

ARTICLES OF INCORPORATION

99 JUN -4 PM 3: 18
SECRETARY OF STATE
TALL AHASSEF FLORIO

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business:

Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Z & Z MEDICAL BILLING, INC.

ARTICLE II PRINCIPAL OFFICE

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

11 SW 57 COURT MIAMI FLORIDA, 33144

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

Name: ZOE RODRIGUEZ

ADDRESS: 11 SW 57 COURT MIAMI FLORIDA 33144

ARTICLE V INCORPORATOR (S)

The name (s) of the incorporator (s) to these Articles of Incorporation is (are)

NAME: ZOE RODRIGUEZ

ADDRESS: 11 SW 57 COURT MIAMI FLORIDA 33144

ARTICLE VI DIRECTOR (S)

The name (s) and street address (s) of the director(s) to these Articles of incorporation Is (are):

NAME: ZOE RODRIGUEZ

ADDRESS 11 SW 57 COURT MIAMI FLORIDA 33144

The undersigned	d incorporator (s) has (h	ave) executed these Articles of Incorporation this
June	day of	02	, 1999
			Signature S
			Signature
			Signature

Articles of Incorporation Filing Fee - \$35

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

l.	The name of the corporation is: Z & Z MEDICAL BILLING, INC.			
2.	The name and address of the registered agent and office is:			
	ZOE RODRIGUEZ			
	(NAME)			
	11 SW 57 COURT			
-	(P.O. BOX NOT ACCEPTABLE)			
	MIAMI FLORIDA 33144			
-	(CITT/STATE/ZIP)			
OF PR THIS C REGIS AGRE THE P FAMIL	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE ROCESS FOR THE ABOVE STATED CORPORATION AT TEHE PLACE DESCRIPTION OF THE APPOINTMENT AS STERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER BE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM LIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITIONS AS STERED AGENT.	TO LAHASSEE FLORIDA	的JUN-4 PM 3:18	
	1110	\rightarrow	~	

DATE