

TRANSMITTAL LETTER
P99000050714

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

SUBJECT: FLORIDA PROFESSIONAL MEDICAL BILLING SERVICE, INC.
(Proposed corporate name - must include suffix)

700002891527-3
-06/01/99--01141--011
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JENNIFER GONZALEZ
Name (Printed or typed)

9718 NW 5 TERRACE
Address

MIAMI, FL 33172
City, State & Zip

(305) 559-2726
Daytime Telephone number

99 JUN - 1 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

ajc
6/4

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:

FLORIDA PROFESSIONAL MEDICAL BILLING SERVICE, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9718 NW 5 TERRACE
MIAMI, FL 33172

ARTICLE III SHARES

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

500 SHARES @ \$1.00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NAT NACCARATO & ASSOCIATES, P.A.
10717 SW 104 STREET
MIAMI, FL 33176

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR

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

JENNIFER GONZALEZ
9718 NW 5 TERRACE
MIAMI, FL 33172

Jennifer Gonzalez
Signature/Incorporator

5/21/99
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

[Signature]
Signature/Registered Agent

5-28-99
Date