

Charter Number Only

PA900062560

VALUATION ONLY

Requestor's Name
Sinnés & Hernandez, PA.
Address
8600 NW S. River Dr. #101
Miami FL 33166
City State Zip Phone

305)885-5099

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-07/14/99--01004--006
*****78.75 *****78.75

CORPORATION(S) NAME

Med Billing Services, INC

FILED
99 JUL 14 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
99 JUL 14 AM 9:43
STATE OF FLORIDA
TALLAHASSEE

- ☒ Profit
() NonProfit
() Foreign
() Limited Partnership
() Reinstatement
☒ Certified Copy
() Call When Ready
☒ Walk In
- () Amendment
() Dissolution
() Annual Report
() Reservation
() Photo Copies
() Call If Problem
() Will Wait
- () Merger
() Mark
() Other
() Change of Registered Agent
() Certificate Under Seal
() After 4:30
☒ Pick Up
() Mail Out

Name	
Availability	
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Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

Cert. Copy

Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION
OF
MED EBILLING SERVICES, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of this corporation is MED EBILLING SERVICES, INC.

ARTICLE II - PURPOSE

This corporation is organized for the purpose of transacting medical billing services in the State of Florida.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue 500 shares of One Dollar (\$1.00) par value common stock.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The principal address of the corporation is 18331 Pines Blvd. P.M.B. 190, Pembroke Pines, Florida 33029. The initial registered office of this corporation is 18331 Pines Blvd. P.M.B. 190, Pembroke Pines, Florida 33029, and the name of the initial registered agent of this corporation at that address is Iris C. Reisman.

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have two directors initially. The number of directors may be increased or diminished from time to time by the bylaws, but shall never be less than one. The names and addresses of the initial directors of this corporation are:

Iris C. Reisman, President
19841 N.W. 4th Street
Pembroke Pines, Florida 33029

Bruce Reisman, Vice President
19841 N.W. 4th Street
Pembroke Pines, Florida 33029

ARTICLE VI - INCORPORATORS

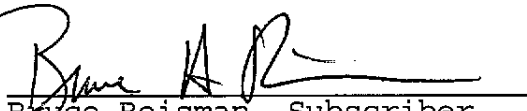
The names and addresses of the persons signing these articles are:

Iris C. Reisman 250 Shares
19841 N.W. 4th Street
Pembroke Pines, FL 33029

Bruce Reisman 250 Shares
19841 N.W. 4th Street
Pembroke Pines, FL 33029

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 9th day of July 1999.


Iris C. Reisman, Subscriber


Bruce Reisman, Subscriber


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 Iris C. Reisman and Bruce Reisman, known to me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged to me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 9th day of July 1999.


Notary Public, State of
Florida, at Large

My Commission Expires:

 Michael C. Warren
My Commission CC767618
Expires August 16 2002

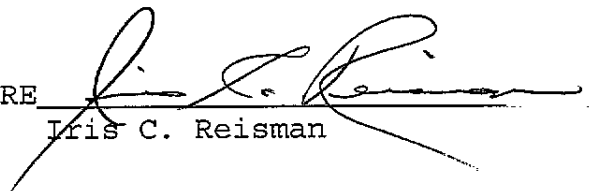
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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.

First, that MED EBILLING SERVICES, INC. desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the articles of incorporation, has named Iris C. Reisman located at 19841 N.W. 4th Street, City of Pembroke Pines, County of Broward, State of Florida, as its agent to accept service of process within this state.

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 PROVISION 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


Iris C. Reisman

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