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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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99 JUL 19 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.****F.A.D. MEDICAL BILLING SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
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N. CULLIGAN JUL 20 1999

**ARTICLES OF INCORPORATION**  
**OF**

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida general Corporation Act, hereby adopt (s) the following Articles of incorporation

**ARTICLE I NAME**

The name of the corporation shall be:

**F. A. D. MEDICAL BILLING SERVICES, INC.**

The principal place of business of this corporation shall be:  
**7001 BISCAYNE BLVD 2ND FLOOR**  
**MIAMI, FLORIDA 33138**

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TALLAHASSEE, FLORIDA

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**ARTICLES II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 shares.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

**FAITHLYN MILLER**  
**677 NE 24TH STREET**  
**APT #307**  
**MIAMI, FLORIDA 33137**

**PRESIDENT**

**DESRICK MILLER**  
**677 NE 24TH STREET**  
**APT #307**  
**MIAMI, FLORIDA 33137**

**VICE PRESIDENT**

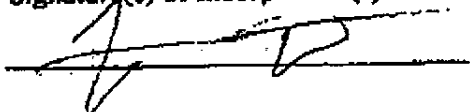
**ARTICLE VI INCORPORATOR(S)**

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

FAITHLYN MILLER  
7001 BISCAYNE BLVD 2ND FLOOR  
APT #307  
MIAMI, FLORIDA 33137

IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Articles of Incorporation this 12 Day of July, 1999.

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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.

- 1- The name of the corporation:  
F. A. D. MEDICAL BILLING SERVICE, INC.
- 2- The name and address of the registered agent and office is:  
FAITHLYN MILLER

( P O BOX NOT ACCEPTABLE )

677 NE 24TH STREET  
APT # 307  
MIAMI, FLORIDA 33137

( CITY/STATE/ZIP )

SIGNATURE 

TITLE President

DATE 7/12/99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES

SIGNATURE 

DATE 7-12-99

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