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LAZERUS CORPORATE FILING SERVICE, INC.
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LOCAL REPRESENTATIVE TALLAHASSEE

400002999094--8
-09/28/99-01043--022
*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. M & J MEDICAL BILLING, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



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2:00



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Photocopy



Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/
QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

99 SEP 28 PM 2:24
FILED
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Examiner's Initials

ARTICLES OF INCORPORATION

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:

M & J MEDICAL BILLING, INC.

ARTICLE II PRINCIPAL OFFICE

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

3300 EAST 5 AVE. HIALEA, FLORIDA, 33013

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: MADELIN MARICHAL ADDRESS : 3300 EAST 5 AVE. HIALEA, FL, 33013

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TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

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

NAME: MADELIN MARICHAL

ADDRESS: 3300 EAST 5 AVE, HIALEA, FLORIDA, 33013

ARTICLE VI DIRECTOR(S)


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

NAME: MADELIN MARICHAL

ADDRESS 3300 EAST 5 AVE, HIALEA, FLORIDA, 33013

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this

____ June _____ day of ____ 10 _____, 1999 ____.


Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
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.

1. The name of the corporation is: M & J MEDICAL BILLING, INC.
2. The name and address of the registered agent and office is:

MADLIN MARICHAL

(NAME)

3300 EAST 5 AVE.

(P.O. BOX NOT ACCEPTABLE)

HIALEA, FLORIDA, 33013

(CITY/STATE/ZIP)

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 POSITIONS AS REGISTERED AGENT.

SIGNATURE

Madelin Marichal

DATE

~~06-02-1999~~

09/27/99

REGISTERED AGENT FILING FEE: \$35.00

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