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Account Number: 072450003255

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: (305)634-3694

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FLORIDA PROFIT CORPORATION OR P.A.

medical billing plus, inc.

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ARTICLES OF INCORPORATION OF MEDICAL BILLING PLUS, INC.

ARTICLE I
Corporate Name

STEGWEDAY

FILED

WALLAHASSEE, FLORIE

ALLAHASSEE, FLORIE

The name of this Corporation is:

MEDICAL BILLING PLUS, INC.

ARTICLE II Principal Office

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

11670 Island Lakes Lane Boca Raton, Florida 33498

ARTICLE III Capital Stock

This Corporation is authorized to issue a maximum of FTVE HUNDRED (500)

Shares of Stock. The Shares of Stock authorized shall be common stock having a par

value of ONE AND 00/100 (\$1.00) DOLLAR per share. The consideration to be paid for

each share of stock shall be fixed by the Board of Directors.

ARTICLE IV Initial Registered Agent and Initial Registered Office

The Corporation's initial registered agent and registered office in the State of Florida shall be ANDREA FADER, 11670 Island Lakes Lane, Boca Raton, Florida 33498.

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ARTICLE V Incorporator

The name and post office address of each incorporator executed these Articles of Incorporation is as follows:

Name

Address

LYON J. GREENBLATT

8000 Peters Rd. Suite A-200 Plantation Florida 33324

ARTICLE VI Amendments

This Corporation reserves the right to amend or appeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the Stockholders is subject to this reservation.

ARTICLE VII Commencement Date

Corporate existence will commence on January 9, 2004.

The undersigned Incorporator for the purpose of forming a Corporation to do business within the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true.

Dated and Signed on January 5, 2004.

LYON J. GREENBLATT

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ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for MEDICAL BILLING PLUS, INC. 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.

ANDREA FADER
Registered Agent

04 JAN -2 AN 9: 49
SECRETARY OF STATE

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