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

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

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

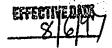
Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sylvia Elliott
Name (Printed or typed) 5937 SW 36<sup>TH</sup> COURT Address DAVIE, FL 33314 City, State & Zip (954) 792 - 4026 Daytime Telephone number

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



# ARTICLES OF INCORPORATION OF PROVIDER BILLING SERVICE, INC.

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: PROVIDER BILLING SERVICE, INC.

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5937 SW 36th Court Davie, FL 33314

# ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares of common stock having a par value of \$1.00 per share.

## ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Sylvia Elliott
5937 SW 36th Court
Davie, FL 33314

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#### ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Sylvia Elliott
5937 SW 36th Court
Davie, FL 33314

Signature/Incorporator

08/06/97 Date

ARTICLE VI - EFFECTIVE DATE

The effective date of this corporation shall be: August 06, 1997

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/Registered Agent

08/06/97 Date

FILED
97 AUG 11 AH 8: 06
While the Shallons