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David R. Singha
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17 February 2000

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

Re: Gulfcoast Medical Billing, Inc.

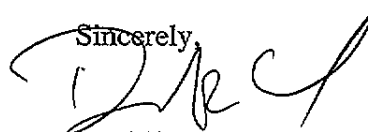
Dear Sir or Madam:

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above referenced company and a check for \$78.75 for the filing fee and a certified copy of the articles.

Please send me confirmation that the articles were filed along with the corporate number and certified copy of the Articles in the self-addressed stamped envelope I have provided.

If you have any questions, please do not hesitate to contact me. Thank you for your time and cooperation.

Sincerely,


David R. Singha

FILED
00 FEB 21 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. CHESER

FEB 24 2000

**GULFCOAST MEDICAL BILLING, INC.
ARTICLES OF INCORPORATION**

BY THESE ARTICLES OF INCORPORATION, 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 this corporation shall be: **GULFCOAST MEDICAL BILLING, INC.**

ARTICLE II PRINCIPAL OFFICE

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

**2680 HUNT ROAD
TARPON SPRINGS, FL 34689-7335**

ARTICLE III SHARES

This corporation is authorized to issue one-hundred (100) shares of common stock with \$100 value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The initial registered agent and the initial registered office for the Corporation are as follows:

**BARBARA RAVELING
2680 HUNT ROAD
TARPON SPRINGS, FL 34689-7335**

ARTICLE V INCORPORATOR

The name and street address of the incorporator of these Articles of Incorporation is:

**BARBARA RAVELING
2680 HUNT ROAD
TARPON SPRINGS, FL 34689-7335**

Dated: 2/15/2000


BARBARA RAVELING

CONSENT OF REGISTERED AGENT

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.


BARBARA RAVELING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA