PODOWA3389 TRANSMITTAL LETTER FILED

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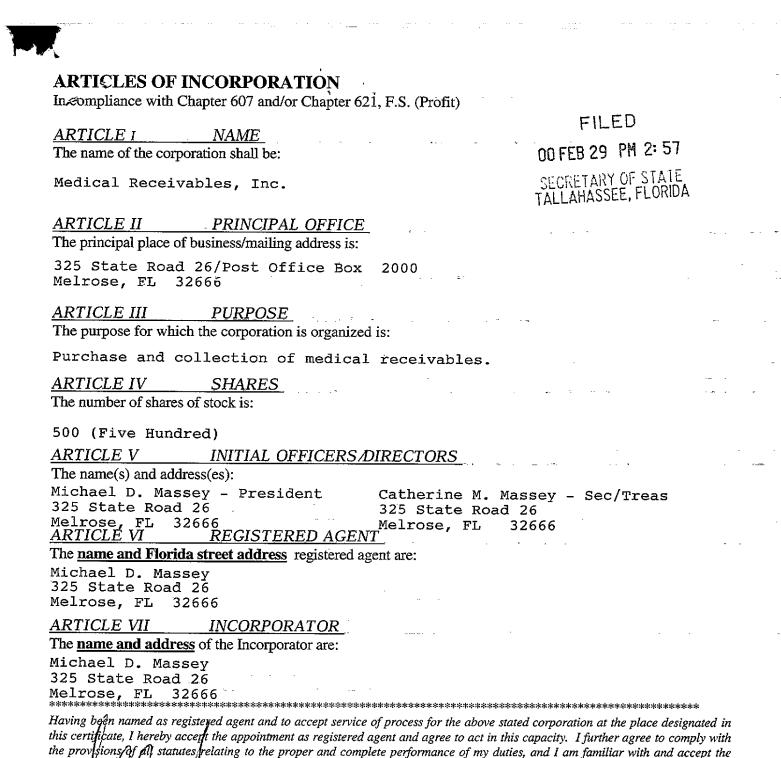
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: Medical Receivables, Inc.				
(Proposed corporate name - must include suffix)				
		21	00003152 -03/01/000 *****87.50	2020 1008003 *****87.50
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 of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Michael D. Massey Name (Printed or typed)				
325 State Road 26 Address			.	
Melrose, FL 32666 City, State & Zip				-te 1, 1, -
352-475-1424 Daytime Telephone number				

 $\label{NOTE:Please provide the original and one copy of the articles.}$

1+3/7/2000



obligations of my position as registered agent.

Signature Registered Agent

Signature/Incorporator