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ACCOUNT NO. : 072100000032

REFERENCE : 816835 162199A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : August 30, 2000

ORDER TIME : 3:43 PM

ORDER NO. : 816835-005

CUSTOMER NO: 162199A

CUSTOMER: Rick M. Morse, Cpa
Rick M. Morse, Cpa, P.a.

Suite 300
1700 University Drive
Coral Springs, FL 33071

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-08/31/00--01002--022
*****78.75 *****78.75

DOMESTIC FILING

NAME: ACCURATE MEDICAL BILLING
SERVICES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135
EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 30 PM 4:58

RECEIVED
00 AUG 30 PM 4:40
J. J. [Signature]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 30 PM 4:58

ARTICLES OF INCORPORATION
OF
ACCURATE MEDICAL BILLING SERVICES, INC.

ARTICLE I

NAME

The name of this Corporation shall be :

ACCURATE MEDICAL BILLING SERVICES, INC.

ARTICLE II

PURPOSE

This corporation is organized for the purpose of MEDICAL BILLING and transacting any and all lawful business.

ARTICLE III

CAPITAL STOCK

This corporation is authorized to issue 2000 shares of \$ 1 par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office of this corporation is:

73 SOUTH OSCEOLA STREET
BEVERLY HILLS, FLORIDA 34465

and the name of the initial registered agent of this corporation at the above address is:

MARLENE O'BRIEN

ARTICLE V

DIRECTORS

This corporation shall have one Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial Director of this corporation is:

MARLENE O'BRIEN
73 SOUTH OSCEOLA STREET
BEVERLY HILLS, FLORIDA 34465

ARTICLE VI

INCORPORATOR

The name and address of the person signing these Articles is:

MARLENE O'BRIEN
73 SOUTH OSCEOLA STREET
BEVERLY HILLS, FLORIDA 34465

ARTICLE VII

POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE VIII

INDEMNIFICATION

The corporation shall indemnify any officer or director or former officer or former director to the full extent permitted by law.

ARTICLE IX

AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 4th day of August 2000

Marlene O'Brien

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this 4th DAY of August, 2000 MARLENE O'BRIEN appeared before me the undersigned authority, to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same, freely and voluntarily for the purpose therein expressed.

Rick M. Morse

Notary Public

ss: My Commission Expires:



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 30 PM 4: 59

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

ACCURATE MEDICAL BILLING SERVICES, INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF BEVERLY HILLS FLORIDA HAS NAMED MARLENE O'BRIEN LOCATED AT 73 SOUTH OSCEOLA STREET, BEVERLY HILLS, FLORIDA 34465 IS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

x Marlene OBrien
CORPORATE OFFICER

TITLE

x President

DATE

x 8/4/00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

x Marlene OBrien

DATE

x 8/4/00