# POOCOO 3075 Angela M. Smith

1291 SW 27<sup>th</sup> Place, Boynton Beach, Florida 33426 Telephone: 561-734-1210

August 24, 2000

600003375336---0 -08/29/00--01036--010 \*\*\*\*\*78.75 \*\*\*\*\*78.75

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

RE: First Aide Medical Billing & Transcription Services, Inc.

□ \$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		<b>]</b> g
FROM:	Angela M. Smith Name (Printed or typed)			AUG 29
	1291 SW 27th Place Address			M1 9: 02
		Seach FL 33426-783 , State & Zip	3	-
	561–734–1			

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# FILED RECEIVED OF STATE RECEIVED TO CORPORATIONS

#### ARTICLES OF INCORPORATION

00 AUG 29 AM 9: 02

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:

FIRST AID MEDICAL BILLING & TRANSCRIPTION SERVICES, INC.

# ARTICLE II PRINCIPAL OFFICE

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

6778 Blue Bay Circle Lake Worth, FL 33462

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE THOUSAND SHARES @ \$1.00 PAR VALUE.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Yvonne S. Durham 6778 Blue Bay Circle Lake Worth, FL 33462

# ARTICLE V INCORPORATOR

The name and Florida address of the incorporator to these Articles of Incorporation are:

Yvonne S. Durham 6778 Blue Bay Circle Lake Worth, FL 33462

Signature/Incorporator

8/24/00

Date

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

Date