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

FILED
00 AUG 30 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Advanced Patient Financing, Inc.

Enclosed are an original and one copy of the Articles of Incorporation and a Designation and Acceptance of Registered Agent for a Florida Corporation.

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy, & Certificate

FROM:



A. Frank DeSimone
2573 SE 12 Street
Pompano Beach, FL 33062
954-785-7165

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D. BROWN SEP - 5 2000

**ARTICLES OF INCORPORATION
OF
ADVANCED PATIENT FINANCING, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. CORPORATE NAME

The name of this corporation is Advanced Patient Financing

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation is 2573 SE 12 Street,
Pompano Beach, Fl 33062.

ARTICLE III. CAPITAL STOCK

The maximum number of shares this corporation is authorized to issue is 1,000, all of which shall be common shares. All common shares shall be identical with each other in every respect and the holders thereof shall be entitled to one vote for each share on all matters on which shareholders have the right to vote.

ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent are A. Frank DeSimone, 2573 SE 12 Street,
Pompano Beach, Florida 33062.

ARTICLE V. INCORPORATORS

The name and street address of the incorporator of these articles of incorporation is:

Name

Address

A. Frank DeSimone

2573 SE 12 Street

Pompano Beach, Fl 33062

The undersigned has executed these articles of incorporation on August 24, 2000.

A handwritten signature in cursive script, appearing to read "A. Frank DeSimone", written over a horizontal line.

A. Frank DeSimone
Incorporator

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF F.S. 607.0501, THE UNDERSIGNED CORPORATION,
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: Advanced Patient Financing, Inc.
2. The name and address of the registered agent and office is:

A. Frank DeSimone
2573 SE 12 Street
Pompano Beach, Florida 33062

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TALLAHASSEE, FLORIDA

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.


A. Frank DeSimone

August 24, 2000