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TRANSMITTAL LETTER

FILED  
00 SEP -5 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: STAT MEDICAL BILLING SOLUTIONS, INC.  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for  
\$ 70.00 .

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-09/06/00--01010--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FROM

Kay L. Houchins

Name (printed or typed)

1213 Fran Mar Court

Address

Clermont, Florida 34711

City, State, & Zip

352-394-0115

Telephone Number

*Ag-s*

FILED

**ARTICLES OF INCORPORATION**

00 SEP -5 PM 2:42

**OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STAT MEDICAL BILLING SOLUTIONS, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: STAT Medical Billing Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

1213 Fran Mar Court  
Clermont, FL 34711

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(100) ONE HUNDRED shares of common stock having a par value of (\$1.00)  
ONE DOLLAR per share.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Kay L. Houchins  
1213 Fran Mar Court  
Clermont, FL 34711

**ARTICLE V PURPOSE**

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

**ARTICLE VI TERM OF EXISTENCE**

The corporation shall have perpetual existence commencing on the date these articles of incorporation are filed with the Florida Department of State.

**ARTICLE VII INDEMNIFICATION**

The corporation shall indemnify any present or former officer or director, or person exercising powers and duties of a director, to the full extent now or hereafter permitted by law.

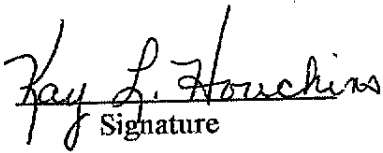
**ARTICLE VIII INCORPORATOR(S)**

The name(s) and street address(s) of the incorporator(s) to these Articles of Incorporation is (are):

Kay L. Houchins  
1213 Fran Mar Court  
Clermont, Fl. 34711

Ross Houchins  
1213 Fran Mar Court  
Clermont, Fl. 34711

The undersigned incorporators have executed these Articles of Incorporation this 31st. day of August, 2000.

  
Signature

  
Signature

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

**FILED**  
00 SEP -5 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, 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 : STAT MEDICAL BILLING SOLUTIONS, INC.

2. The name and address of the registered agent and office is  
Kay L. Houchins  
(NAME)

1213 Fran Mar Court  
(P.O. BOX NOT ACCEPTABLE)

Clermont, Fl. 34711  
(CITY/STATE/ZIP)

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

*Kay L. Houchins*

DATE 8-31-00