

P000000089625

TRANSMITTAL LETTER

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

00 SEP 20 PM 2:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: HOLLAND MEDICAL BILLING, INC.
(Proposed corporate name - must include suffix)
200003399542--2
-09/20/00--01073--006
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$ 78.75

Filing Fee &
Certificate

FROM: RUSSELL HOLLAND
Name (printed or typed)
22541 LAURELDALE DR.
Address
LUTZ, FL 33549
City, State & Zip
(813) 948-6559
Daytime Telephone Number

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

Q.21

ARTICLES OF INCORPORATION

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:

HOLLAND MEDICAL BILLING, INC.

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ARTICLE II PRINCIPAL OFFICE

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

22541 LAURELDALE DR.
LUTZ, FL 33549

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RUSSELL HOLLAND
22541 LAURELDALE DR.
LUTZ, FL 33549

ARTICLE V INCORPORATOR(S)

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

RUSSELL HOLLAND
22541 LAURELDALE DR.
LUTZ, FL 33549

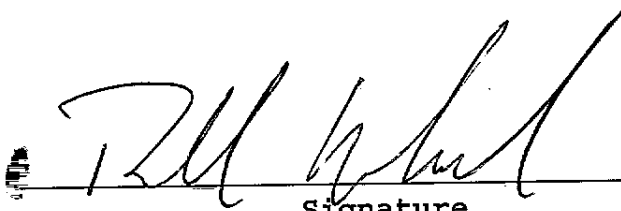
ARTICLE VI INITIAL OFFICERS AND DIRECTORS

The names and addresses of the initial officers and directors are:

LISA A. HOLLAND	RUSSELL HOLLAND
22541 LAURELDALE DR.	22541 LAURELDALE DR.
LUTZ, FL 33549	LUTZ, FL 33549
DIR./PRESIDENT/SEC.	DIR./V.PRESIDENT/TREAS.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14TH day of SEPTEMBER, 2000.



Signature
Russell

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 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 is: HOLLAND MEDICAL BILLING, INC.

2. The name and address of the registered agent and office is:

RUSSELL HOLLAND

(Name)

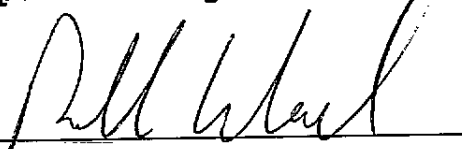
22541 LAURELDALE DR.

(P.O. Box not acceptable)

LUTZ, FL 33549

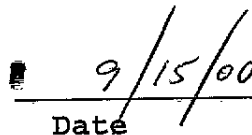
(City/State/Zip)

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

Russell



Date