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

BJECT: OUT	SOURCE BILLING SI (Proposed	ERVICES, INC. corporate name - must includ	le suffix)	
closed is an original a	nd one(1) copy of the articl		*****78.7	-01021007
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	March Color Color
FROM:	PAMELA G. BARKER Name (Printed or typed) 3207 W. BALLAST PT. BLVD. Address TAMPA, FL 33611 City, State & Zip		SECRETARY OF STATE	FILED 00 SEP 26 AM 9: 26
	(813) 831-2421 Daytime T	Telephone number		

NOTE: Please provide the original and one copy of the articles.

9,20



ARTICLES OF INCORPORATION

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:

OUTSOURCE BILLING SERVICES, INC.

ARTICLE II - PRINCIPAL OFFICE

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

3207 W. BALLAST PT. BLVD. TAMPA, FL" 33611

ARTICLE III SHARES

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

400 SHARES NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PAMELA G. BARKER 3207 W. BALLAST PT. BLVD. TAMPA, FL 33611

ARTICLE V INCORPORATOR

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

PAMELA G. BARKER PRESIDENT/ TREASURER 3207 W. BALLAST PT. BLVD. TAMPA, FL 33611

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

EFFECTIVE DATE SEPTEMBER 1, 2000

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