## POODE FUED 90

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 00 OCT 30 AM 8: 36

SECALIARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	Simply Med (PROPOSED CORPORA	Lical Inc. TENAME-MUSTINCLI	8000003443 -10/30/00 *****87.50 ODE SUFFIX)	
Enclosed is an origin	al and one(1) copy of the articl			
■ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, . Certified Copy & Certificate of Status	
FROM: Serafin Sawchez  Name (Printed or typed)				
71 Eqst 33 st  Address  Hialenh FC 33013  City, State & Zip				

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

PH 10/31/00

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	FILED
Simply Medical, Inc.	00 OCT 30 AM 8: 36
	SEURETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  71 Eact 3354  Higher FC 33013	TALLANASSEE, FLORIDA
The number for which the	
The purpose for which the corporation is organized is:	
A Medical Billing & mangement	Company
ARTICLE IV SHARES The number of shares of stock is:  /60	. Em.
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):  Scrafin Saucher	
Scrafin Sauchez Presiont	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	<del>.</del>
Serafin Sanchez	
71 gast 33 st Hisland FC 33013	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	•
Gerafin Sancha 71 Egst 331t	
Hisland FC 33013	
***********************************	**********
Having been named as registered agent to accept service of process for the above stated certificate. I am familiar with and accept the appointment as registered agent and agree	
_ Who	10/3/
Signature/Registered Agent	Date
	/ /
Signature/Incorporator	16/26/60
	Date '