

P010000009824

TRANSMITTAL LETTER

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

100003574731--9
-01/25/01--01067--015
*****78.75 *****78.75

SUBJECT: Adrianna Insurance Billing, inc.
(Proposed Corporate Name- Must include Suffix)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jenipher A. Galante
NAME (PRINTED OR TYPED)
611 Laurel Ct
ADDRESS
North Palm Beach, FL 33408
CITY, STATE & ZIP
561-624-4228
DAYTIME TELEPHONE NUMBER

FILED
01 JAN 25 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10-26-01
MOC

Articles of Incorporation
Of

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

Article I Name

The Name of the corporation shall be:

ADRIANNA INSURANCE BILLING, INC.

Article II Principal Office

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

**611 Laurel CT.
North Palm Beach, FL 33408**

Article III Capital Stock

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

100 shares

Article IV Initial Registered Agent and Address

The name and address of the initial registered agent is:

**Jenipher Galante
611 Laurel CT.
North Palm Beach, FL 33408**

Article V Incorporator

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

**Jenipher Galante
611 Laurel CT
North Palm Beach, FL 33408**

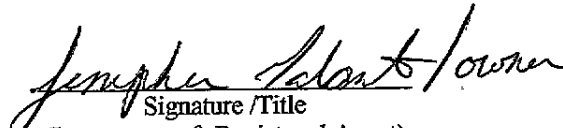
FILED
01 JAN 25 AM 9:56
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Article VI Purpose

The purpose of the corporation is to provide Medical Billing

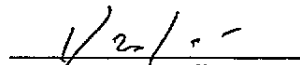
Medical Billing

The undersigned has executed theses Articles of Incorporation this 1st day of January 2001.


Signature / Title
(Incorporator & Registered Agent)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designed 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


Date