TRANSMITTAL LETTER

Pol 000013453

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

700003633977---1 -02/05/01--01143--008 *****87.50 ******87.50

SUBJECT: The Billing Doctor Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :	Enclosed is an original and one(1) conv. of the articles of th	^
--	--	---

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

Filing Fee

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

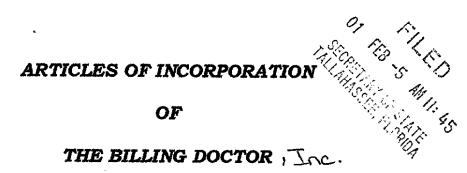
ADDITIONAL COPY REQUIRED

FROM: Niuy LA MARRERO			
Name (Printed or typed)	JW.I	01	
16272 SW 1856.	CRET,	FE8	7
Address	ARY	Ş.	
MiRamar, FL 33027 City, State & Zip	CF STATE, FLORI	W II:	
(on=) on on	DA TH	53	

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

Daytime Telephone number

Por



ARTICLE I NAME

The name of this corporation is The Billing Doctor, Inc.
The address of this corporation is 16272 S.W. 18 Street, Miramar, Florida
33027.

ARTICLE II DURATION

This corporation shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III PURPOSE

This corporation is organized for the purpose of electronic billing for doctors.

ARTICLE IV CAPITAL STOCK

This corporation is authorized to issue 100 shares of One Dollar (\$1.00) par value common stock which shall be designated as "Common Shares."

ARTICLE V INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 16272 S.W. 18 Street, Miramar, Florida 33027 and the name of the initial registered agent of this corporation at that address is <u>Niurka Marrero</u>.

ARTICLE VI INITIAL BOARD OF DIRECTORS

This corporation shall have 2 director(s) constituting the initial Board of Directors. The number of directors may be either increased or decreased from time to time by the bylaws, however, there shall never be less than one Director nor more than five. The name(s) and address(es) of the initial Board of Directors of the corporation is:

Niurka Marrero 16272 S.W. 18 Street Miramar, Florida 33027

Jose B. Sardinas, Jr. 16272 S.W. 18 Street Miramar, Florida 33027

ARTICLE VII INCORPORATOR

The name and address of the incorporator signing these articles is:

Niurka Marrero, 16272 S.W. 18 Street, Miramar, Florida 33027.

ARTICLE VIII INDEMNIFICATION

The corporation shall indemnify any Officer or Director or any former officer or director, to the full extent permitted by law.

ARTICLE IX AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF Articles of Incorporation	F, the undersigned Incorporator has executed thes n on the <u>31st</u> day of <u>January</u> , 2001.
	By: Mula Manyo Incorporator
STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Niurka Marrero, President of The Billing Doctor, Inc., known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this day of ANUM, 1, 2001.

NOTARY PUBLIC

PRINT NAME

My Commission expires:



ACCEPTANCE OF REGISTERED AGENT

I NIURKA MARRERO, hereby am familiar with and accept the duties and responsibilities as Registered Agent.

By: Nuise Courses

Registered Agent

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Niurka Marrero, known to be and known by me to be the person who executed the foregoing Acceptance of Registered Agent, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above this 2 day of ______, 2001.

MOTARY PUBLIC

PRINT NAME

My Commission expires:



RETARY OF STATE