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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 E. GAIMES STREET
TALLAHASSEE, FL 32399
MAY 4, 2001

SUBJECT: TREASURE COAST MEDICAL BILLING INC

ENCLOSED PLEASE FIND AN ORIGINAL AND ONE(1) COPY OF THE ARTICLES
OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE
AMOUNT OF \$122.50.

FROM: TREASURE COAST MEDICAL BILLING INC
3049 SW ANN ARBOR ROAD
PORT ST LUCIE, FL 34953
561-878-5872

FILED
01 MAY -7 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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-05/07/01--01125--010
****122.50 ****78.75

5-10-01
WCC

ARTICLES OF INCORPORATION

OF

TREASURE COAST MEDICAL BILLING INC

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATIONS ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

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TALLAHASSEE, FL 32399

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

TREASURE COAST MEDICAL BILLING INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

3049 SW ANN ARBOR ROAD
PORT ST LUCIE, FL 34953

ARTICLE III CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

25,000 COMMON SHARES - PAR VALUE \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

CHRISTINE LESTER
3049 SW ANN ARBOR ROAD
PORT ST LUCIE, FL 34953

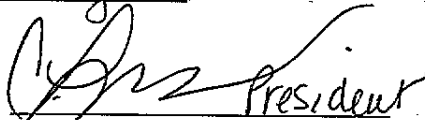
ARTICLE V INCORPORATOR(S)

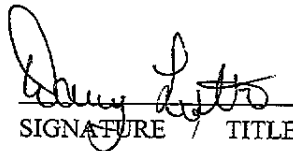
THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE
ARTICLE OF INCORPORATION IS(ARE):

CHRISTINE LESTER
3049 SW ANN ARBOR ROAD
PORT ST LUCIE, FL 34953

DANNY LESTER
3049 SW ANN ARBOR ROAD
PORT ST LUCIE, FL 34953

THE UNDERSIGNED HAS(HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS 4th DAY OF May, 2001.


SIGNATURE / TITLE

 Vice President
SIGNATURE / TITLE

CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

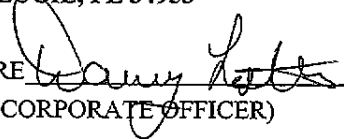
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

TREASURE COAST MEDICAL BILLING INC

2. THE NAME OF THE REGISTERED AGENT AND OFFICE IS:

CHRISTINE LESTER
3049 SW ANN ARBOR ROAD
PORT ST LUCIE, FL 34953

SIGNATURE 
(CORPORATE OFFICER)

TITLE Vice - President

DATE May 4, 2001

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 PER-
FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-
TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 5/4/01

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE