

Division of Corporations

P01000090502

Florida Department of State
Division of Corporations
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To:

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DIVISION OF CORPORATIONS
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FLORIDA PROFIT CORPORATION OR P.A.**Physician's Accounting & Consulting, Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Physician's Accounting & Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Physician's Accounting & Consulting, Inc.
5507 S. Congress Ave - Suite 130
Atlantis, Florida 33462

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ARTICLE III SHARES

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

1500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Andrew Reade
5246 Fountains Dr. South
Lake Worth, FL 33467

Prepared By:

Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Andrew Reade
5246 Fountains Dr. South
Lake Worth, FL 33467**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8th day of Aug 2001.

A handwritten signature in black ink, appearing to read 'Andrew Reade', written over a horizontal line.

Andrew Reade - Signature

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**CERTIFICATE OF DESIGNATION OF
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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Physician's Accounting & Consulting, Inc.**

2. The name and address of the registered agent and office is:

Andrew Reade

Name

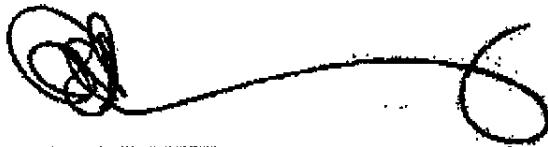
5246 Fountains Dr. South

(P.O. Box or Mail Drop Box NOT Acceptable)

Lake Worth, FL 33467

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Andrew Reade
SIGNATURE

August 8, 2001

(Date)

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