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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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FLORIDA PROFIT CORPORATION OR P.A.

MEDICAL PAYERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

N. Culligan SEP 20 2001

9/20/01 1:46 PM

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation:
MEDICAL PAYERS, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
10633 ZURICH STREET, COOPER CITY, FL 33026

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO PROVIDE MEDICAL BILLING SERVICES TO THE MEDICAL COMMUNITY

ARTICLE IV SHARES
The number of shares of stock is:
100 SHARES

ARTICLE V INITIAL OFFICERS.DIRECTORS (optional)
The name(s), addresses, and titles(s):
GAIL DALEY, 10633 ZURICH STREET, COOPER CITY, FL 33026, PRESIDENT
LORNA CAMPBELL, 7549 N.W. 3 COURT, PLANTATION, FL 33317, CO-PRESIDENT

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
GAIL DALEY
10633 ZURICH STREET
COOPER CITY, FL 33026

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ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
KAREN MCGHIE, ESQ
5020 S.W. 150 TERRACE
MIRAMAR, FL 33027

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent — Date: 9-6-01

Signature/Incorporator — Date: 9-20-01

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