

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

ASAP Medical Billing Services, Inc.

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

\$ 7/1/02

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**ARTICLES OF INCORPORATION
OF
ASAP MEDICAL BILLING SERVICES, INC.**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation is ASAP Medical Billing Services, Inc.

ARTICLE II. PRINCIPAL OFFICE OR MAILING ADDRESS OF CORPORATION

The street address of the Corporation's principal office and mailing address of this corporation is: 8985 N.E. 134th Avenue, Suite 2, Lady Lake, Florida 32159.

ARTICLE III. CAPITAL STOCK

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

Five thousand (5,000) shares of common stock all of one class, having a nominal or par value of ONE CENT (\$.01) per share.

ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered agent of this corporation is 8985 N.E. 134th Avenue, Suite 2, Lady Lake, Florida 32159. The name of the initial registered agent of this corporation at that address is Nelson Kraucak.

ARTICLE V. INCORPORATOR

The name and address of the Incorporator is Nelson Kraucak, 8985 N.E. 134th Avenue, Suite 2, Lady Lake, Florida 32159.

ARTICLE VI. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these

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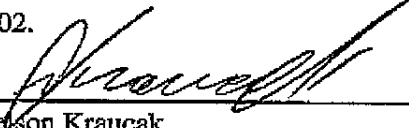
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Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

ARTICLE VII. INDEMNIFICATION

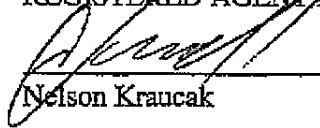
The Corporation shall indemnify its officers and directors to the fullest extent permitted by the Florida Business Corporation Act.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 19 day of JUNE, 2002.


Nelson Kraucak
Incorporator


ACCEPTANCE BY REGISTERED AGENT:

I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID CORPORATION.

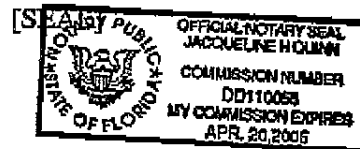

Nelson Kraucak

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 21 day of June, 2002, by Nelson Kraucak, Incorporator, who did not take an oath.


NOTARY PUBLIC-STATE OF FLORIDA
(Signature of Notary)

Jacqueline H. Quinn
(Typed name of Notary)



(Commission Number)

Personally known _____ or
Produced Identification _____

Type of Identification

Produced: _____

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