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(Requestor's Name)

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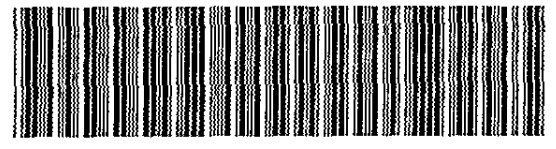
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0036

A.B.S. Associates, Inc.

4726 Okeechobee Boulevard ~ West Palm Beach, Florida 33417
(561) 478-1451 ~ Fax (561) 478-1539

March 13, 2003

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

Subject: **Link Electronic Medical Billing, Inc.**

Enclosed are an original and one copy of the articles of incorporation and a check in the amount of \$78.75 for the incorporation filing fee and certified copy **Link Electronic Medical Billing, Inc.** If you have any questions, please do not hesitate to contact me.

Please return all correspondence to me including the accepted Articles of Incorporation, and related paperwork.

Sincerely,



Michael Guyard

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber, for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation is: **Link Electronic Medical Billing, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
810 37th Street, West Palm Beach, FL 33407

ARTICLE III SHARES

The number of shares this corporation is authorized to have outstanding at any one time is: **10,000 shares at \$1.00 par value.**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida address of the initial registered agent are:
Linda K. George, 810 37th Street, West Palm Beach, FL 33407

ARTICLE V INCORPORATOR

The names and addresses of the incorporators to these articles of incorporation are:
Linda K. George, 810 37th Street, West Palm Beach, FL 33407



Signature/Incorporator

3/13/03

Date

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

3/13/03

Date