

P0300006363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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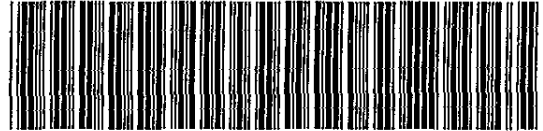
(Business Entity Name)

(Document Number)

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03 JUN -4 AM 7:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**ARTICLES OF INCORPORATION**

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

**FILED**

03 JUN -4 AM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

AccuClaim, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

P.O. Box 358071  
Gainesville, Florida 32635-8071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Billing Service

**ARTICLE IV SHARES**

The number of shares of stock is:

10

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Linda Martin  
5304 NW 26th Place  
Gainesville, Florida 32606

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Linda Martin  
5304 NW 26th Place  
Gainesville, Florida 32606

\*\*\*\*\*  
*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 the appointment as registered agent and agree to act in this capacity*

Linda B. Martin  
Signature/Registered Agent

6/3/2003

Date

Linda B. Martin  
Signature/Incorporator

6/3/2003

Date