# P03000/24/45

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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## TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78,75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
ADDITIONAL COPY REQUIRED				
FROM: Gwendolyn M. Bolsvert Name (Printed or, typed)				
6201 Wayeross Drive				
Address				
Spring Hill FL. 34606				
352-(83-853) Daytime Telephone number				

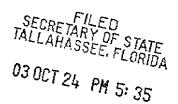
NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be: Ace Billing Specialists, Inc.



### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6201 Waycross Drive, Spring Hill, FL 34606

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medicare and Medcaid claims, private insurance claims, Insurance and Patient follow up, reimbursement strategies and Electronic claims filing. The foregoing purposes and activites will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

#### ARTICLE IV SHARES

The number of shares of stock is:

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Gwendolyn M. Boisvert, 6201 Waycross Drive, Spring Hill, FL 34606, President Gale M. Boisvert, 6201 Waycross Drive, Spring Hill, FL 34606, Secretary Richard R. Rouse, 6201 Waycross Drive, Spring Hill, FL 34606, Treasurer

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is: Gwendolyn M. Boisvert, 6201 Waycross Drive, Spring Hill, FL 34606

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Gale M. Boisvert, 6201 Waycross Drive, Spring Hill, FL 34606

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

Signature/Registered Agent

Signature/Incorporator

October 20,2003
Date
October 20,2003

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