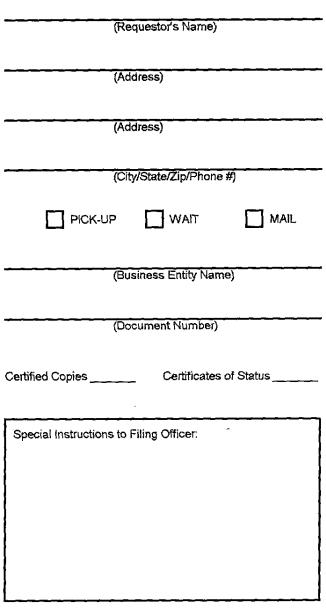
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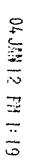


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#### TRANSMITTAL LETTER

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

Subject	<u>Hatcher Medical B</u> <u>Inc.</u>	illing Service,	
Enclosed is	an original and two (2) copies o	f the articles of incorporat	ion and a check for
S70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		(ADDITIONAL COPY REQUIRED)	
FROM:	Nellie Akalp Name		
	30141 Agoura Rd., Suite 205 Address		
	Agoura Hills, California 91301 City, State & Zip		
	818-879-9079 Daytime Telephone number		

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

# ARTICLES OF INCORPORATION OF

Hatcher Medical Billing Service, Inc.



04 JAN 12 PH 1: 19

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following articles of incorporation.

#### <u>ARTICLE I NAME</u>

The name of the Corporation shall be: Hatcher Medical Billing Service, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1051 N.W. 178th Ter. Miami Garden, Florida 33169

#### ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1500 shares at \$0.01 par value per share.

#### ARTICLE IV INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Teresa H. Frazier 1051 N.W. 178th Ter. Miami Garden, Florida 33169

Edwin L. Frazier 1051 N.\W. 178th Ter. Miami Garden, Florida 33169

Trevares D. Frazier 1051 N.W. 178th Ter Miami, Florida 33169

### <u>ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

NRAI Services, Inc. 526 East Park Avenue Tallahassee, Florida 32301

## INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp 30141 Agoura Rd., Suite 205 Agoura Hills, California 91301

Nellie Akalp, Incorporator 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.