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(((H040000123943)))

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599~0839 Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

## PRECISION MEDICAL MANAGEMENT, INC.

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 22, 2004

FAS-T CORP.

SUBJECT: PRECISION MEDICAL MANAGEMENT, INC.

REF: W04000002789

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You may file with only one Registered Agent. Article VII needs the name and the address of the Incorporator. Delete one of the Registered Agents signature on the signature line for the Agent.

If you have any further questions concerning your document, please call (850) 245-6972.

Doris Brown Document Specialist New Filings Section FAX Aud. #: H04000012394 Letter Number: 404A00003984

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 6.	21, F.S. (Profit)	TAL	14 JAN 22 PM 3: 45
In compliance with Chapter 607 and/or Chapter 6.  ARTICLE 1 NAME  The name of the corporation shall be: PROIS	ion Medical	Managen	nent Interior
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	20101 NW THialean F	84 AU -1 33015	
ARTICLE III PURPOSE The purpose for which the corporation is organize Medical Billing and	edis: Projectian Medical Clan	ins Appeal	
ARTICLE IV SHARES The number of shares of stock is: 100	Tage of		•
ARTICLE V INITIAL OFFICERS/DIRECT The name(s) and address(es): Shery 20101 No.	T. Witte	r Lenui 13130	BW 127 CT FL 33186
ARTICLE VI REGISTERED AGENT The name and Florida street address of the regi Shery T. Witter 20101 NW 84 AV Hialeah Fl 33015	FI 33015	Mami	P( U)10P
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Shery T. Wiffer 20101 NW. 84th Ave Hialeah F. 133015.	*************	<b>本永安李渤市沿和城市水水中华米罕李</b> 朱琼市	<u>የ</u> ተማ <b>የ</b> ጽ <b>ም ም</b>
Having been named as registered opent to accept service efficiente, Lorn familiar with and accept the appointment	of process for the above stated o as registered agent and agree to	nce in this capacity - 1-13-2004	4
Signature Incorporator		Date  1-13-201  Date	4
<i>U</i>			•