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TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

DOC MEDICAL BILLING SERVICES INC

Empire Toll Free: 1-800-432-3028

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

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**ARTICLES OF INCORPORATION
OF
DOC MEDICAL BILLING SERVICES, INC.**

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TALLAHASSEE, FLORIDA

THE UNDERSIGNED, for the purposes of forming a corporation under the Florida General Corporation Act, does hereby adopt the following Articles of Incorporation.

ARTICLE ONE: The name of the corporation is **DOC MEDICAL BILLING SERVICES, INC.**

ARTICLE TWO: The duration of the corporation is perpetual.

ARTICLE THREE: The general purpose for which the corporation is organized is to transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act or engage in any trade or business for any lawful purpose.

ARTICLE FOUR: The aggregate number of shares which the corporation is authorized to issue is ONE HUNDRED (100). Such shares shall be of single class, and shall have a par value of No and ten/one hundredths (\$0.10) Dollar per share.

ARTICLE FIVE: The street address of the initial principal office of the corporation is 13005 Southern Blvd. # 224, Loxahatchee, Florida 33470, and the name of its initial registered agent is M. GARY SCHORR, at the same address.

ARTICLE SIX: The number of directors constituting the initial board of directors of the corporation is one (1). The name and address of the persons who are to serve as member of the initial board of directors is:

M. Gary Schorr
13005 Southern Blvd. # 224
Loxahatchee, FL 33470

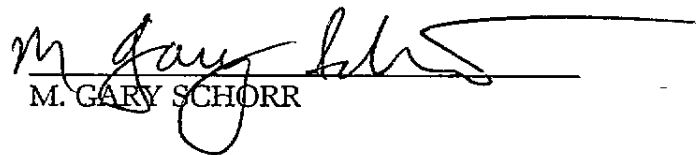
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TALLAHASSEE, FLORIDA

ARTICLE SEVEN: The name and address of the incorporator is:

M. Gary Schorr
13005 Southern Blvd. # 224
Loxahatchee, FL 33470

ARTICLE EIGHT: The Articles of Incorporation may be amended in the manner provided by law.

EXECUTED by the undersigned at Wellington, Florida, this 14 day of March, 2004.

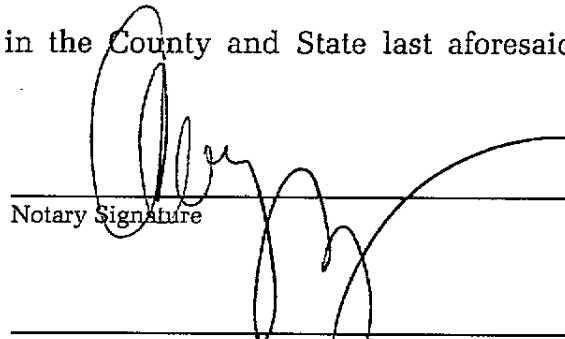

M. GARY SCHORR

STATE OF FLORIDA
COUNTY OF PALM BEACH

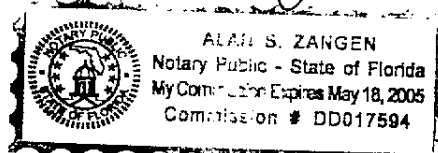
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared M. Gary Schorr, who

☒ is personally known to me, or
☐ has produced _____ as identification
and who, being duly sworn, executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of March, 2004.


Notary Signature

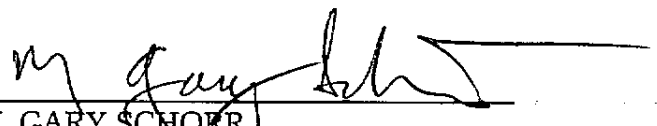
Printed name & Commission Expiration Stamp



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

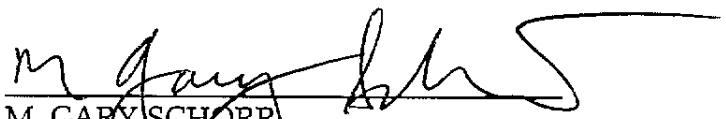
THAT **DOC MEDICAL BILLING SERVICES, INC.**, DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL PLACE OF BUSINESS AT 13005 SOUTHERN BLVD. # 224, LOXAHATCHEE, STATE OF FLORIDA, HAS NAMED M. GARY SCHORR, 13005 SOUTHERN BLVD. #224, LOXAHATCHEE, FLORIDA 33470, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.


M. GARY SCHORR
INCORPORATOR

DATE: MARCH 13, 2004

ACKNOWLEDGMENT OF REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.


M. GARY SCHORR
REGISTERED AGENT

DATE: MARCH 14, 2004