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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT:	LLIANCE HEA	LTHCARE	PARTNERS	3 INC
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	·	Printed or typed)		
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	MM2 Daytime Te	29-12	32	<u></u>

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: ALLIANCE HEALTHCARE
PARTNERS, INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2510 Buena Vista Blud. Vero Beach FL 3296
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ACCOUNT RECEDVABLE SERVICES.
ARTICLE IV SHARES The number of shares of stock is:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): RICHARD L MARVICH CEO-President TREASURE TREASURE TREASURE
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
Jill MARVICH Vista Blud. Vero Black. FL 32966
The name and address of the Incorporator is: RICHARD - MARVICE O Box 6810

Signature/Registered Agent 5/26/04.
Signature/Incorporator S/26/0ct Date
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