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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Doctor's Choice Billing & Revenue Collection Inc.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

Doctor's Choice Billing & Revenue Collection Inc.

ARTICLE II PRINCIPAL OFFICE

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

Doctor's Choice Billing & Revenue Collection Inc.

31 SE 24th Ave., Suite 2
Pompano Beach, FL 33062

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1 Share at no Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**P.R. Shepard
3168 NW 123rd Ave.
Sunrise, FL 33062**

Prepared By:

Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-835-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Paul Shepard - 31 SE 24th Ave., Pompano Beach, FL 33062 - President/Director
J. Mieszczanek - 3168 NW 123rd Ave., Sunrise, FL 33323- Secretary/Director

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

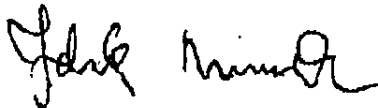
Paul Shepard - 31 SE 24th Ave., Pompano Beach, FL 33062
J. Mieszczanek - 3168 NW 123rd Ave., Sunrise, FL 33323

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th January
 day of 2008



Paul Shepard - Signature



J. Mieszczanek - Signature

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is **Doctor's Choice Billing & Revenue Collection Inc.**

2. The name and address of the registered agent and office is:

(Paul)

P. R. Shepard

Name

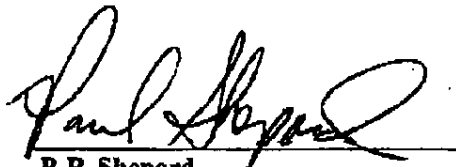
3168 NW 123rd Ave.

(P.O. Box or Mail Drop Box NOT Acceptable)

Sunrise, FL 33062

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


P. R. Shepard
SIGNATURE (Paul)

January 11, 2008

(Date)

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