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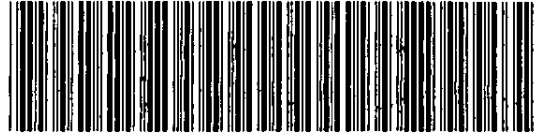
(Business Entity Name)

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FILED
2008 JUN 12 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 6-12

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

Subject: **B & K MEDICAL BILLING, INC.**

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$70.00.

Please forward a certified copy to the address listed below.

From: ROSEMARY KARMANN
5117 OYSTER COVE
NEW PORT RICHEY, FLORIDA 34652

FILED

ARTICLES OF INCORPORATION

2009 JUN 12 PM 1:56

OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B & K MEDICAL BILLING, INC.

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

ARTICLE I: NAME

The name of the corporation shall be:

B & K MEDICAL BILLING, INC.

ARTICLE II: PRINCIPAL OFFICE

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

641 49TH STREET NORTH
ST PETERSBURG, FLORIDA 33710

ARTICLE III: CAPITAL STOCK

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

1,000 Shares at \$ 1.00 dollar par value

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ROSEMARY KARMANN
5117 OYSTER COVE
NEW PORT RICHEY, FLORIDA 34652

ARTICLE V: INCORPORATOR (S)

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

ROSEMARY KARMANN
5117 OYSTER COVE
NEW PORT RICHEY, FLORIDA 34652

LISA BELLOTTE
622 LOCUSTS STREET
TARPON SPRINGS, FLORIDA 34689

The undersigned has executed these Articles of Incorporation this 4 day
of June 2008.


ROSEMARY KARMANN


LISA BELLOTTE

**CERTIFICATE OF DESIGNATION
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 designating the registered office / registered agent, in the state of Florida.

1. The name of the corporation is:

B & K MEDICAL BILLING, INC.

2. The name and address of registered agent and officer is:

ROSEMARY KARMANN
5117 OYSTER COVE
NEW PORT RICHEY, FLORIDA 34652

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature Rosemary Karmann
Title shareholder
Date 6-10-08

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 here by 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 duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature Rosemary Karmann
Date 6-10-08