

10/28/2010 10:41 FAX 215 977 9386

M. BURR KEIM CO

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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
TOTAL CARE MEDICAL BILLING, INC.**

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M BURR KEIM CO

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ARTICLES OF INCORPORATION

OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TOTAL CARE MEDICAL BILLING, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

TOTAL CARE MEDICAL BILLING, INC.

ARTICLE II PRINCIPAL OFFICE

The mailing address of this corporation shall be:

5090 North East 124th Place  
Oxford, FL 34484

ARTICLE III CAPITAL STOCK

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

One Thousand (1,000) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Patricia Morelli  
5090 North East 124th Place  
Oxford, FL 34484

ARTICLE V INCORPORATOR

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

Patricia Morelli  
5090 North East 124th Place  
Oxford, FL 34484

The undersigned has executed these Articles of Incorporation this 28th day of October, 2010.

  
Patricia Morelli  
Incorporator

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M BURR KEIM CO

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

TOTAL CARE MEDICAL BILLING, INC.

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

Patricia Morelli  
5090 North East 124th Place  
Oxford, FL 34484

Signature: Patricia Morelli  
Patricia Morelli

Title: Incorporator

Date: October 28, 2010

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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Patricia Morelli  
Patricia Morelli  
Date: October 28, 2010

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