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(((H94000012533))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: HI-TECH MEDICAL BILLING,INC.
DEPARTMENT OF STATE 2300 WEST FLAGLER ST SUITE B
STATE OF FLORIDA
409 EAST GAINES STREET MIAMI FL 33135-000070000
TALLAHASSEE, FL 32399 CONTACT: ROLANDO TRUJILLO
FAX: (904) 922-4000 PHONE: (305) 541-0790
FAX: (305) 541-4015
(((H94000012533))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: HI-TECH MEDICAL BILLING,INC.
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ARTICLES OF INCORPORATION

OF

DIRECT MEDICAL BILLING, INC.

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.

ARTICLE I NAME

The name of the corporation shall be: DIRECT MEDICAL BILLING, INC.

ARTICLE II PRINCIPAL OFFICE

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

2300 West Flagler Street, Suite B
Miami, FL 33135

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares of Common Stock, $1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Onelio Fernandez
2300 West Flagler Street, Suite B
Miami, FL 33135

PREPARED BY
ONELIO FERNANDEZ
2300 W. FLAGLER STE
MIAMI FL 33135
305-541-1658

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ARTICLE V INCORPORATOR(S)

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

Onelio Fernandez, President
2300 West Flagler Street, Suite B
Miami, FL 33135

Rolando Trujillo, Vice-President
2300 West Flagler Street, Suite B
Miami, FL 33135

Fernando Soto, Treasurer and Secretary
2300 West Flagler Street, Suite B
Miami, FL 33135

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

29 day of December, 1994.

x _____
Signature

x _____
Signature

x _____
Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: DIRECT MEDICAL BILLING, INC.

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

Onelio Fernandez
(Name)

2300 West Flagler Street, Suite B
(P.O. Box not acceptable)
Miami, FL 33135
(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 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.

x _____ December 29, 1994
(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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