TRANSMITTAL LETTER

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

70000000 (505 T'8868) -03/23/95--01034--006 ++++131.25 ++++131.25

SUBJECT: ACCU-Med Billing Service Corp.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check

for :

\$70.00

Filing Fee

\$78.75

Filing Fee

\$122.50

|X|\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM:

19661 Cypross way

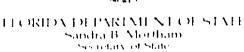
Higher Fl 33015

929-1483 Daytime Telephone number

W95-17221

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







August 25, 1995

DAISY CORTON 19661 CYPRESS WAY HIALEAH, FL 33015

SUBJECT: ACCU-MED BILLING SERVICE CORP.

Ref. Number: W95000017221

We have received your document for ACCU-MED BILLING SERVICE CORP. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Letter Number: 595A00039826

Claretha Golden Document Specialist

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.

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

1966 | Cypreco coacy
Historia, F1 33015

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 - have

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Daisy Cirtin 19601 Cypross wy Hintonia, Fl 33018

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

| The name(s) and street address(cs) of the incorpora | itor(s) to these Articles of Incorporation is(are): |
|---|--|
| Daisy Carton 19161 Cypins way | Nimice Generales. 58% E. 26 ST Hintoch, TI 33013 |
| Herrice (1) | , |

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

| 18 | day of causal, 1995 | |
|----|---------------------------|--|
| | Danes Cartón Signature | |
| | Signature | |
| | Aum Signature | |
| | Signature | |
| | | |
| | Signature | |

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

OU 0500 TO AND THE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

| The name of the corporation is: | |
|--|--------|
| Accu-Mad Pilling Service Corp (must include suffix) | |
| 2. The name and address of the registered agent and office is: | |
| Daisy Cov-lon (NAME) | |
| (P.O. Box or Mail Drop Box NOT ACCEPTABLE) | |
| Highery Fl 33015 | |
| the glove | stated |

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.

(SIGNATURE) 8-15-95
(DAFE)