

P9600002/430

TRANSMITTAL LETTER

FILED
MAR - 5 PM 12:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

400001793754
-03/06/96--01030--007
*****78.75 *****78.75

SUBJECT: Professional Medical Collections and Physicians Support Services
(Proposed corporate name - must include suffix)
Inc.

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
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: P.M.C. and Physicians Support Services Inc.
Name (printed or typed)

106 West Plant ST.
Address

Winter Garden FL 34787
City, State & Zip

(407) 677-0001
Daytime Telephone number

3/8/96
①

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

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:

Professional Medical Collections
and Physicians Support Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

18 West Plant Street
Winter Garden Fl, 34787

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ViJay Prashad
18 West Plant Street
Winter Garden Fl, 34787

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

President. Brian E. North
1007 Kimball Dr.
Ocoee, Fl 34671

Vice-President. Walter M. Balcom
1801 West 2nd Street
Sanford Fl 32771

Treasurer. Vijay Prashad
8610 Ridgemar Ct.
Orlando, Fl 32818

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

26 day of February, 19 96.

Brian E. North
Signature

Walter M. Balcom
Signature

Vijay Prashad
Signature

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

**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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Professional Medical Collections
and Physicians Support Services Inc.
2. The name and address of the registered agent and office is:

Vijay Prashad
(NAME)

18 West Plant Street
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Winter Garden Fl, 34787
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

N. Prashad
(SIGNATURE)

1. 5. 96
(DATE)