## P96000021907

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

SUBJECT: Ca M Medical Auditing, Inc.
(Proposed corporate name - must include suffix)

for:	\$70.00 Filing Fee	\$78.75 Filing Fee & Cardificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131,25 Filing Fee, Cordfied Copy & Cerdficate Required	FILED STARY OF SOLUTION STORE TARY OF SOLUTION OF CORPORATION OF SOLUTION OF S
	FROM:	Cathy	CWrier (printed or typed)		PH 1:43
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## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Bus Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> **ARTICLE I** NAME

The name of the corporation shall be:

C+ M Medical Auditing, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1810 village Court Mulberry Fla 33860

ARTICLE III SHARES

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

10 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

Cothy CCurrier 1810 Village Court Mulberry Fla 33860

## 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):

Al Cashy Courier
1810 VILLAS COULT
MULBERTY FIGSED

W.J. Marie A. Morin
1035 Shadow Run De
Lakeland, FI 53813

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

day of Darch, 19 96.

Coopy Course

Signature

Signature

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:	C+M Inc.	Medical	Auditing,					
2. The name and address of the registered agent and office is:								
Cathy	CCurrier	- Y	SECULAR PROPERTY OF THE PROPER					
	(NAME)							
1810 V	OX OF Mail Drop Box NOT ACCE	(TABLE)	PH I					
		33860	ATIONS 1: 43					

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.

CORYCLUS 3/5/96
(SIGNATURE)

(DATE)