

TRANSMITTAL LETTER

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-05/06/96--01065--014
***122.50 ***122.50

I enclose an original and one copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$ 122.50.

From: KRISTINE D. ECKIS
Name
3320 TIGER CREEK FOREST
Address
LAKE WALES FL 33853
City State Zip
(941) 696-3792
Telephone Number

96 MAY 3 1996

FILED
96 MAY -6 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-6-96

FILED
56 MAY -5 PM 12:23
TALLAHASSEE

ARTICLES OF INCORPORATION
OF

THE BOTTOM LINE MEDICAL ADMINISTRATIVE CONSULTANTS, INC.

ARTICLE I NAME

The name of the corporation shall be:

THE BOTTOM LINE MEDICAL ADMINISTRATIVE CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

3320 TIGER CREEK FOREST

LAKE WALES, FLORIDA 33853

ARTICLE III CAPITAL STOCK

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

FIVE THOUSAND (5,000) OF THE PAR VALUE OF ONE DOLLAR AND NO/100 (\$1.00) EACH

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

KRISTINE D. ECKIS

3320 TIGER CREEK FOREST

LAKE WALES FL 33853

ARTICLE V INCORPORATOR

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

KRISTINE D. ECKIS

3320 TIGER CREEK FOREST

LAKE WALES FL 33853

The undersigned has executed these Articles of Incorporation
this 3rd day of MAY 19 96.

Kristine D. Eckis
KRISTINE D. ECKIS, Incorporator

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:

THE BOTTOM LINE MEDICAL ADMINISTRATIVE CONSULTANTS, INC..

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

KRISTINE D. ECKIS

3320 TIGER CREEK FOREST

LAKE WALES FL 33853

Signature: Kristine D. Eckis

Title: PRESIDENT, SECRETARY, DIRECTOR, RESIDENT AGENT

Date: MAY 3, 1996

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: Kristine D. Eckis

Date: MAY 3, 1996

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TALLAHASSEE
FLORIDA