

P97000027715

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

600002121106--9
-03/24/97--01005--011
****122.50 ****122.50

SUBJECT: JENNIE GRAHAM MEDICAL BILLING, INC.
(PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF IN-
CORPORATION AND OUR CHECK FOR \$ 122.50.

EFFECTIVE DATE
3-18-97

FROM:

JENNIE GRAHAM

NAME (PRINTED OR TYPED)

7306 BOX ELDER DRIVE

ADDRESS

PORT RICHEY, FL 34668

CITY, STATE, & ZIP

(813) 842-3155

TELEPHONE NUMBER

FILED
97 MAR 24 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 1997 BSB

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

ARTICLES OF INCORPORATION
OF

I, THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORM-
ING 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:

JENNIE GRAHAM MEDICAL BILLING, INC.

EFFECTIVE DATE
3-18-97

FILED
97 MAR 24 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY, COMMENCING ON THE
DATE OF EXECUTION AND ACKNOWLEDGMENT OF THESE ARTICLES.

ARTICLE III - PURPOSE

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS UNDER
THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA'S GENERAL
CORPORATION ACT.

ARTICLE IV - CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE 1000 SHARES OF
PAR VALUE COMMON STOCK, WHICH SHOULD BE DESIGNATED "COMMON
SHARES".

ARTICLE V - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE:

7306 BOX ELDER DRIVE
PORT RICHEY, FL 34668

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT
THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS
CORPORATION SHALL BE: 7306 BOX ELDER DRIVE
PORT RICHEY, FL 34668

THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION
AT THAT ADDRESS IS: JENNIE GRAHAM

ARTICLE VII

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE
NUMBER OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO
TO TIME BY MAJORITY VOTE OF THE STOCKHOLDERS, BUT IT SHALL NEVER
BE LESS THAN ONE.

ARTICLE VIII - INCORPORATORS
THE NAME AND ADDRESSES OF THE INITIAL SUBSCRIBERS SIGNING
THESE ARTICLES ARE AS FOLLOWS: JENNIE GRAHAM, PRESIDENT
7306 BOX ELDER DRIVE
PORT RICHEY, FL 34668

ARTICLE IX - BYLAWS
THE POWER TO ADOPT, ALTER, AMEND, OR REPEAL BYLAWS SHALL BE
VESTED IN THE BOARD OF DIRECTORS AND THE SHAREHOLDERS.

ARTICLE X - RESTRICTIONS ON TRANSFER OF STOCK
1000 SHARES OF CAPITAL STOCK OF THIS CORPORATION SHALL BE ISSUED
INITIALLY TO THE FOLLOWING PERSONS IN THE AMOUNT SET OPPOSITE
THEIR NAMES: JENNIE GRAHAM 1000

250 SHARES HELD BY THE INITIAL SHAREHOLDERS LISTED ABOVE MAY NOT BE RESOLD OR OTHERWISE TRANSFERRED TO OTHER PERSONS UNLESS SUCH SHARES ARE FIRST OFFERED TO THE REMAINING SHAREHOLDERS OR TO THIS CORPORATION. THE PRICE AND TERMS AT WHICH, AND THE TIME WITHIN WHICH, SUCH SHARES MAY BE OFFERED AND SOLD SHALL BE FURTHER SPECIFIED BY WRITTEN AGREEMENT AMONG ALL OF THE SHAREHOLDERS AND THIS CORPORATION.

ARTICLE XI - AMENDMENT

THIS CORPORATION RESERVES THE RIGHT TO AMEND OR REPEAL ANY PROVISIONS CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENTS HERETO, AND ANY RIGHTS CONFERRED UPON THE SHAREHOLDER IS SUBJECT TO THIS RESERVATION.

ARTICLE XII - TERMS OF ISSUING STOCK

STOCK TO BE ISSUED PURSUANT TO THESE ARTICLES OF INCORPORATION SHALL BE ISSUED UNDER THE TERMS, PROVISIONS AND CONDITIONS OF SECTION 1244 OF THE INTERNAL REVENUE CODE.

IN WITNESS WHEREOF, I HAVE HERETO SUBSCRIBED MY NAME AND AFFIXED MY SEAL TO THESE ARTICLES OF INCORPORATION, ON THIS
18 DAY OF MARCH, 1997.

Jennie Gubau

CERTIFICATE OF DESIGNATION
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: _____

_____ JENNIE GRAHAM MEDICAL BILLING, INC. _____

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

_____ JENNIE GRAHAM _____

(NAME)

_____ 7306 BOX ELDER DRIVE _____

(P.O. BOX NOT ACCEPTABLE)

_____ PORT RICHEY, FL 34668 _____

(CITY/STATE/ZIP)

FILED
MAR 24 AM 11:21
SECRETARY OF STATE
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.

SIGNATURE _____

Jennie Graham

DATE _____

3/21/97