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	TRANSMITTAL LETTER
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT:	NOTE:
	oposed corporate name · must include suffix) ALL ONE LOOPE BIG "M", BIG "
Enclosed Is an original for: \$70.00 Filing Fee	and one (1) copy of the articles of incorporation and a check \$78.75 \$122.50 \$131.25 -04/07/9701097009 Filing Fee & Certified Copy & Certified Copy & Certificate Additional Copy Required
FROM:	Law Office of Michael Barnes
	513 Whitehead Street Address Key West FL 33040 City, State & Zip Daytime Telephone number
Napal	AHID: 25

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.

SEUKETARY OF STATE OF STATE OF CORPORATION OF CORPORATION 25

ARTICLE I NAME

The name of the corporation shall be:

Med Compliance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

513 Whitehead Street Key West, Florida 33040

ARTICLE III SHARES

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

· 100 Shares valued at \$1.00 per Share

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

Michael R. Barnes, P.A. 513 Whitehead Street Ken West, Florida 33040



See instructions for officers/directors

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

Jessy Huebner will assume all offices for this corporation.

President Vice President Secretary Treasurer

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

4th day of Good, 19 97.

9554 Hulbner

Michael R. Barnes

Registered Agent

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: MedCompliance, Inc.	97	: :10:
2. The name and address of the registered agent and office is: Michael R. Barnes, P.A.	APR -7 AM 10:	FILED RETARY OF STA CHOF CORPORA
(NAME) 513 Whitz head Street (P.O. BOX OF Mail Drop BOX NOT ACCEPTABLE) Key West Florida 33040	25	ATE TITES

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.

(SIONATURE)

(DATE)