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FILED 97 MAY 19 AM 9:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: D+	D PROFESSIONA (Proposed	MEDICAL Billin corporate name - must inclu	lg Sexuices, I	- <u>-</u> NC.
Enclosed is an original	and ano(1) come of the action		600002183 -05/19/97 *****78.75	3666 01146023 ******78.
\$70.00 Filing Fee	and one(1) copy of the articl \$78.75 Filing Fee & Certificate	So incorporation and a \$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	Eric C. Davi	ADDITIONAL CO	OPY REQUIRED	
· -	TAMPA, 7	ASS STREET Address L. 3360 State & Zip		
	(813) 357-5	Felephone number Al CO DA	ERIC L. DAVIS, SR. JTHORIZATION BY PI DRRECT ART. III - S ATE 5-22-97 DC. EXAM JAI	

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

IN 5-22-97

ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

D & D Professional Medical Billing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

1331 West Cass Street Tampa, Florida 33603

Mailing Address

P.O. Box 24477 Tampa, Florida 33623-4477

ARTICLE III SHARES

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Eric L. Davis, Sr. 1331 West Cass Street Tampa, Florida 33603

ARTICLE V INCORPORATOR

Eric L. Davis, Sr. - Owner/Incorporator P.O. Box 24477

Tampa, Florida 33623-4477

Signature

5-14-97

Date

Reginald A. Douglas, Sr. - Owner/Incorporatof

P.O. Box 24477

Tampa, Florida 33623-4477

Signature

Date

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/Registered Agent

5-14-97

Date